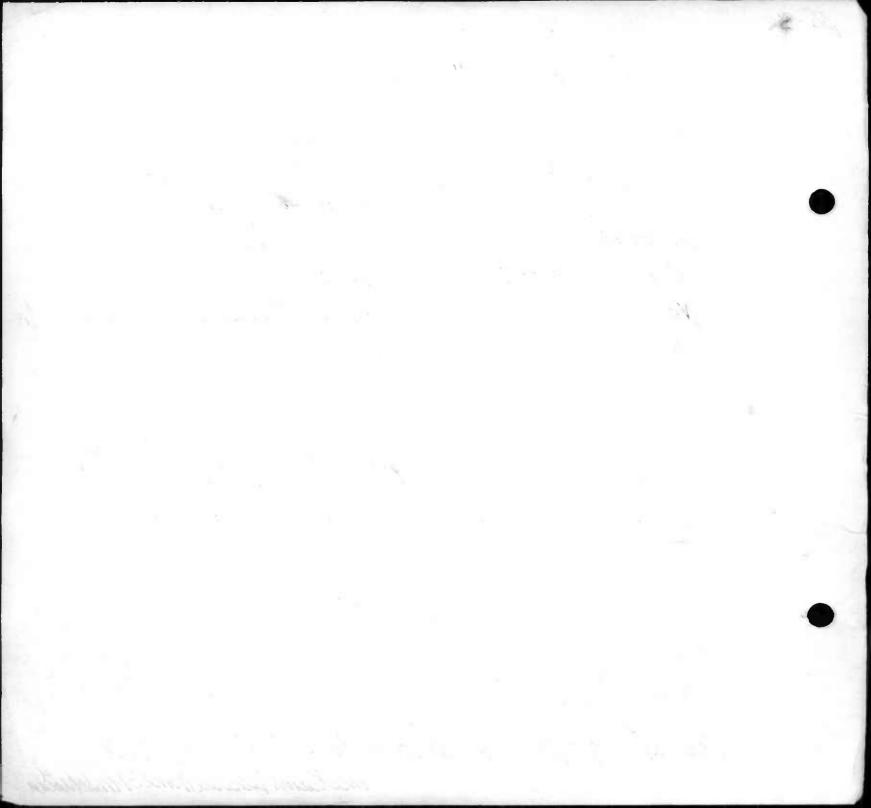
72 08001 BALTIMORE CITY HEALTH I	DEPARTMENT 20 00004
BIRTH NO. CERTIFICATE OF	DEATH REG. NO. 72 08001
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Lowells Cora Harris	8-17-72 134 P M.
A. STATE	RESIDENCE (Where deceosed lived, It institution: residence belore admission) B. COUNTY
HOSPITAL OR ADDRESS OR LOCATION GIVE STREET ADDRESS OR LOCATION C. CITY OF	TOWN D INCIDE CITY HARTS
190 Ba	D. INSIDE CITY LIMITS?  YES M NO
	AND NUMBER
S. SEX 6. RACE 7. MARRIED NEVER MARRIED 18. DATE OF	108 W Leyington SI.
Femule Negano Widowed Divorced 5	last birthdoy) Months Doys Hours Min.
10A. USUAL OCCUPATION (Giv kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPI	
done during most of working life, even if retired)	12,
13. FATHER'S NAME	R'S MAIDEN NAME
William Spickle LIL	CV ?
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give war ar doles af service)  16. SOCIAL SECURITY NO.	ADDRESS
No Opos	six Johnson & 306 to Amond son Ave
18. / 9 O I CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Kakre (accura ?
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	ENCE OF:
injury or complication which caused death.)	
DISEASES OR CONDITIONS, if ony, giving  DUE TO, OR AS A CONSEQUENCE OF THE ORDER OF	ISNCE OF
The property of the control of the c	
UNDERLING CONDITION last. (C)	(2) (1)
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	of gilliano ?
TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION [204.AU	· ·
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1	TOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The state of the s	C. WHERE DID (II in Baltimare City, give exect location)
DEATH (notify medical examined)	Juki Occor
	F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Wark	
22. I certify that (i) (this hospital) ottended the deceased fram 7/2	4 19 7 to 0/17 19 )~
that (i) (we) lost saw the deceased alive on	ond that in(my) (aur) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not) view the bo	dy ofter death.   238, DATE SIGNED /
Attending Attending Phys.	Med. Stoff C
23C. PHYSICIAM'S NAME (Type)  23D. ADDRES	
JOSEPH > , MS LUM	1115 4 (ALVERT ST
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY	24D. LOCATION (City town or county) (Stote)
13urial 8/2/1/2 11/1 Collector Cl	m. Gder Hell Hat
25A, DATE REC'D BY HEALTH DERTY 25B, NAME OF REGISTRAR 25C, FU.	NERAL DIRECTOR ADDRESS ADDRESS ADDRESS
VS 150-REV. 1/1/68	repres yearnay nonces 1911 septente



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and (

VS 150-REV. 1/1/6B

	BALTIMORE	CITY	HEALTH	DEPARTMENT
nenna				

BIRTI	H NO.		70	2 080	02 CERTIFICA	TE O	F DEATH	REG. NO.	E OF W	USOO2	DHMH
1. NA	ME OF DECE		Y JEAN	V HENDI	ERSON			ug. 20, 1972	4	10	P
3. PL	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						AL RESIDENCE (WH	ere deceosed lived. II		esidence belore	admission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  US Public Health Service Hospital  3100 Wyman Parkway							W.Va.		SIDE CITY L		5
						Charleston YES NO ☐  E. STREET AND NUMBER  703 Moorland Dr.					
5. SE	/	6. RACE				ļl	OF BIRTH	9. AGE (In years	II Unde	- 1 V- 1/ II	der 24 Hr
	F	Caucas		WIDOWE		7/2	26/27	lost birthdoy)	Months	Days Haurs	Min.
done	during most of w	orking life, eve ewife			Home		W.Va.		12, CITI	US.	
13. F.	James	E. Gun	noe			14. MO1	Louise D				
S. W (Yes,	vas Deceased no or unknown) NO	Ever in U.S. (If yes, give	Armed Forward or date	ces? s of service)	16. SOCIAL SECURITY NO. 232-34-4976	17. INFO		PHS Hospital	, Bal	to, Md.	
1	1B. 200	5 //			CAUSE OF DEAT	Н				APPROXIMATE BETWEEN ONSET	
	1	OR COND	DEATH		(A)IMMEDIATE CAL	ISE	neumonia			Days	
	(This does no heart failure, o injury or comp	sthenia, etc. lication whi	II means ch caused	the disease	, DOL 10, OK AS		QUENCE OF:	leukemie		4 yea	ne
	DISEASES OF	above co	ONS, if		g DUE TO, OR AS			``			
Ĕ.	OTHER SIGNIFI TO THE DEATH DISEASE OR CO	BUT NOTRE	LATED TO TH	HE TERMINAL	Polycyst	ic di	sease of l	kidneys		Years	
RTIFIC	2/	OPERATION	19B. CON	DITION FOR	WHICH OPERATION	20 A.	yes	10) 20B. IF YES, WERI	FINDINGS AUSES OF Yes	CONSIDERED DEATH?	
0	21A. ACCIDEN OR CONTRIBUTE	T WAS UND	ERLYING [ SE OF iner)	21 ho et	B. PLACE OF INJURY (e.g., i me, lorm, loctory, street, o c.)	n or obout ffice bldg.,	21C. WHERE DID INJURY OCCUR?	(If in Boltim	ore City, giv	e exoct lacotion)	
3	21 D. TIME OF INJURY (APPROX.)	(Month) (Do	y) (Yeor)	W	E. INJURY OCCURRED  Ville At Not While At Work  Vork		21 F. HOW DID IN	IJURY OCCUR?			
			-	) attended	the deceased fram	Apr.	5		lug. 20		9
					Aug. 20 (1) (We) (did) (did/not)		72 and 1	that in (m/y) (our) of	inion dea	th occurred o	n the da
	23A. SIGNATUR		7/1	. A	1	ending	Med.	Staff Phys.		TE SIGNED /21/72	
2	John St	rs itherla	nd, MI	1	DEGREE	23 D. ADD	RESS	spital, Balt		· ·	
24A.	BURIAL CREM	ATION, 24B			NAME of CEMETERY OF CR				City, town,		(Stote)
Re:	m. Bur	ial	8-24.	72 I	onnally-Nun	lev 2sc.	FUNERAL DIRECTO	harleston	,	W T ADDRESS	Ta.
		UGZZ	19/2	Mag	white was	п	Wisosenk	ork Road	Ba Tto	Md.	212

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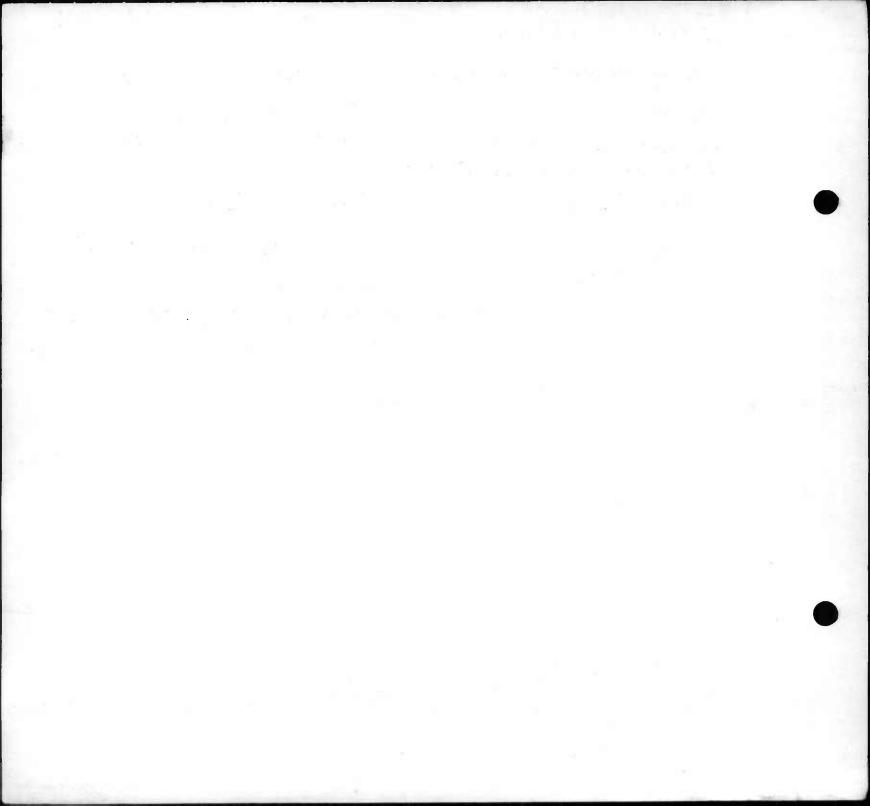
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1 1	DO O O O BALTIMORE CITY	HEALTH DEPARTMENT
	3-622 72 08003 CERTIFICA	TE OF DEATH TEG. NO
1.1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(T <sub>)</sub>	ype ar Print GOYSUCh. Edith G.	8/18/72 1:30Tm.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FL	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Md. Baltimore 5300
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
111/	HILTON 115G. Home.	E. STREET AND NUMBER
13	3313 Paplar St.	GLENCOR ROPA
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
	FEMALE WhitE WIDOWED DIVORCED	2-25-78 tost birthday Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign cauntry)  12. CITIZEN OF WHAT COUNTRY?
	HOME MAKER OWN HOME	SALL NEVADA USA
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Charles FREDERICK GERMAIN	ELIZA DOEMAN GILL
15.	. Wos Deceosed Ever in U. S. Armed Farces? es, no or µnknown) (If yes, give wor ar dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
	NO 214-34-1706	MRS. LOVELACE SLAUGHTER 21214 M
	18.4/0,9   CAUSE OF DEAT	
	DISEASE OR CONDITION DIRECTLY + Cula	Hundred of The Land of
	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,	A CONSEQUENCE OF:
	heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES Sue	and certainschrises
	DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS	A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	
	1	
NOIT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
CAT	( DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or Na) 20B. IF YES, WERE FINDINGS CONSIDERED
RTIF	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
G	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID (If in Baltimare City, give exact lacation)
CAL	DEATH (natify medical examiner) etc.)	mice pidg., INJUKT OCCUK!
ED		21F. HOW DID INJURY OCCUR?
2	(APPROX.) While At Nat White At Work At Work	
	22. I certify that (I) (this hospital) attended the deceased fram	7/23/20 19 10 8/18/72 19
	that (1) (we) lost saw the deceased alive an 8/18/72	
	and have ond from the couses stated above (1) (We) did (did not)	
	23A, SIGNATURE	23B. DATE SIGNED
	DEGREE Phy	ending Med. Staff Phys. Director Phys.
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	-Hours DELDARIR MY DEGREE	1801 Green lung Rd That Dud
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CA	24D. LOCATION (City, town, or county) (State)
	BURIAL 8-22-72 Gorsuch Family	CEMETREY GLENCOFE MARYLAND
25	A. DATE REC'D BY HEALTH DEBY 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	HOREN 1915 MANAGEMENT	Mrs. Cook- Brooks Towson, True Towson, Ud
	150-REV. 1/1/68	

Here of the hand of the Contraction Sungar activism of miles and the same of the same This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

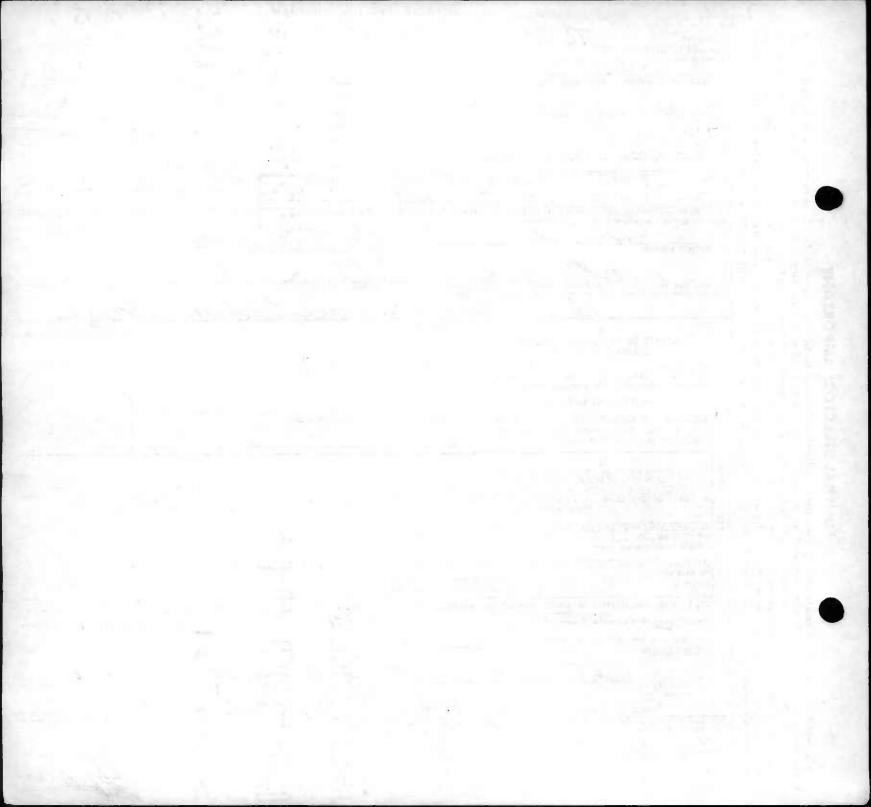
VS 150-REV. 1/1/68

	1/100	BALTIMORE CITY	HEALTH DEPARTMENT	P <sup>4</sup>	72 U8004
	H-400 72 080	11 1	TE OF DEATH	REG. NO	~ 0000°E
- 11	BIRTH NO.  1. NAME OF DECEASED	<u> </u>		डिग्राम्स तस	MARVI AND
	(Type or Print)	10.50		HOUR OF DEATH	40
	3. PLACE IN BALTIMORE, MARYLAND, WHERE P	CEENCE DEAD	DOA	0/1/1/72	NAM M.
		CONO ONCED DEAD			on: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	35 S. DA	LLAS ST.	301
5			C. CITY OR TOWN	D. INSIDE C	ITY LIMITS?
2	Church Home & Hosp	ITAL	BALTO. MD	YES	No
9	D 21.4	2.1239	E. STREET AND NUMBER		
9	BROADWAY & PAYETTE S	TS. BALTOMD'			
300	S. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs.
. II		WED DIVORCED	141/6/24	11	nths Doys Hours Min.
- 11	IDA. USUAL OCCUPATION (Give kind of work 10B. Kind during most of working life, even if refired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State, or foreign	country) 12	CITIZEN OF WHAT COUNTRY?
aisposition	some coming most or working the, even it rented.		Balt	me	11 PM
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Mex	1124
مِ ا	10:412.00			. 11	
	5. Wos Deceased Ever in U. S. Armed Forces?		Itelare ()	llen	
5	Yes, no or unknown) (If yes, give wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
ППППППППППППППППППППППППППППППППППППППП		0/1-19-6759	WILLIAM HA	JUL HILE	20th C+
	18.4-10.7	CAUSE-OF DEAT	1/0//	0 11111	APPROXIMATE INTERVAL
3	DISEASE OR CONDITION DIRECTLY	Hose it	le huncard	ial prisare	BETWEEN ONSET AND DEATH
E	LEADING TO DEATH	(A) IMMEDIATE CAU	00 /00000		recent
100	(This does not mean the mode of dying, heart loilure, asthenia, etc. Il means the dis	e.d.	A CONSEQUENCE OF:		
	injury or complication which caused death.)	10011	10		110000
	ANTECEDENT CAUSES	4000			gans
200	DISEASES OR CONDITIONS, II any, g	iving DUE 10, OR AS	A CONSEQUENCE OF:		
11	rise to the above cause (A) stoling UNDERLYING CONDITION lost.	the			
	ONDEREING CONDITION 10ST.	(c)			***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	1116			
	TO THE DEATH BUT NOT RELATED TO THE TERMI	NAL			
2	DISEASE OR CONDITION GIVEN IN PART I (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No) 2	OR IE VEC WERE SIND	100 00100000
	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART I (A). 19A-DATE OF OPERATION 19R CONDITION WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING			N CERTIFYING CAUSES	OF DEATH?
		21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	If In Rollman Chy	give exact location)
	OR CONTRIBUTINO CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, off	ice bldg., INJURY OCCUR?	In in bollmore City,	And exoct tocollou)
	21D.TIME (Month) (Doy) (Year) (Hour)	215 IN HIS COMPA			
	OF INJURY	While AL Not White	21F. HOW DID INJURY	OCCUR?	
	(APPROXI	While At Not While At Work			
	22. I certify that (1) (this hospital) attend	ed the deceased from /	2-2-19	7/ to 5-2:	2 10 7 7
	that (1) (we) last saw the deceased allve				leath occurred an the date
	and haur and from the causes stated above			miliny) (doi) aprilian (	seath occurred an the date
3	23A. SIGNATURE	A (1) (me) (did) told hall vi	ew the bady after death.		
	Manneth 14	Atter	ding Med. Stat		DATE SIGNED
4	23 C. PHYSICIAN'S	DEGREE Phys.	Director L Phy	1	-17-72
	23 C. PHYSICIAM'S NAME (Type)	( 10 - 10 x 12)	3D. ADDRESS	2 1600	COTT AND PRICAMIN
2	MANUEL A. CZC	DEGREE	CHURCH HOME	a HOSP.	100 N. BEODOWAY
2	AA. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CREE	MATORY 24D. LOCA	City, tow	n, or countyl (State)
	Burenel 8-25-72	Miabou 1	aut 1	11/1011	reter mox
2	SA. DATE REC'D BY HEALTH DEPT 258, NA	ME OF REGISTRAP	25C. FUNERAL DIRECTOR	o cou	ADDRESS
	AUG22 1972 Therey	Not do la	1 garibela	and Br	11/1

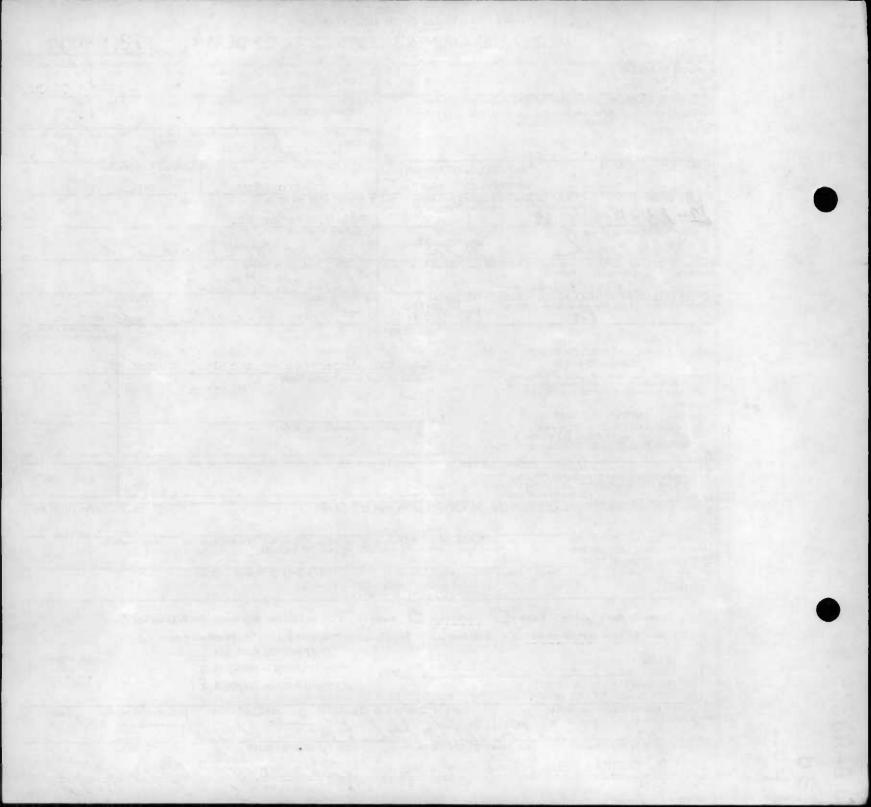


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are an except. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CIT	TY HEALTH DEPARTMENT 72 08005
~ 000()	ATE OF DEATH REG. NO. STATE OF MARYLAND-DHMH
(Type or Print)	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland 833
INSTITUTION 3	BALTIMORE D. INSIDE CITY LIMITS?  YES A NO
The Johns Hopkins Hospital	1321 N. Port Street
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	1 8. DATE OF BIRTH 19. AGE (In years   If Hadas T.Y. If Hadas 24 Har
Male Negro widowed Divorced	11/16/99 (lost birthday) 72 Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY done during most of working life, every if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Kelunck	Baltemore med 11. SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ill yes, give war or dotes of service)  2	17. INFORMANT ADDRESS
18. 4 2 9 CAUSE OF DEAT	H Mace Supplace Same
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH  1This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CA	
heart failure, asthenia, etc. Il means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving (8)	S A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	
(0)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OISEASE OR CONDITION GIVEN IN PART 1 (A).	120A A (1900 BEN IV N. II OOD IV.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 17B CONDITION FOR WHICH OPERATION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 1 121B PLACE OF INJURY (C.C.)	20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTINO CAUSE OF home, form, factory, street, or DEATH (notify medical examined	in or about 21 C. WHERE DID office bldg., NJURY OCCUR? (If in Boltimore City, give exact location)
21D-TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED While At The Not White	21F. HOW DID INJURY OCCUR?
(APPROXI While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	July 17 1972 10 august 22 1972
that (1) (we) lost sow the deceased alive on Ussuat 22	19 22 ond that in(my) (our) opinion death occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did not)	view the body after death.
23A. SIGNATURE	ending Med. Stoff S
redund ! - Herris & PD OEGREE Phy	vs. Director Phys. 19 8/22172
NAME (Type)	230 ADDRESS
PREDERICIC LIFERRIS ALL MI) DEGREE  24A. BURIAL CREMATION, 1248. DATE   24C. NAME of CEMETERY OF CR	ZIA PRO-P
REMOVAL (Specify)	24D. LOCATION (City, town, or county) (State)
25A, DATE REC'D BY HEALTH DEPTY 25B, NAME OF REGISTRAR	25C, SUMERAL DIRECTOR ADDRESS
AUG22 1972 Didwey borbon	Soldhon 100 Pages les 1
VS 150-REV. 1/1/68	The survey of the survey by



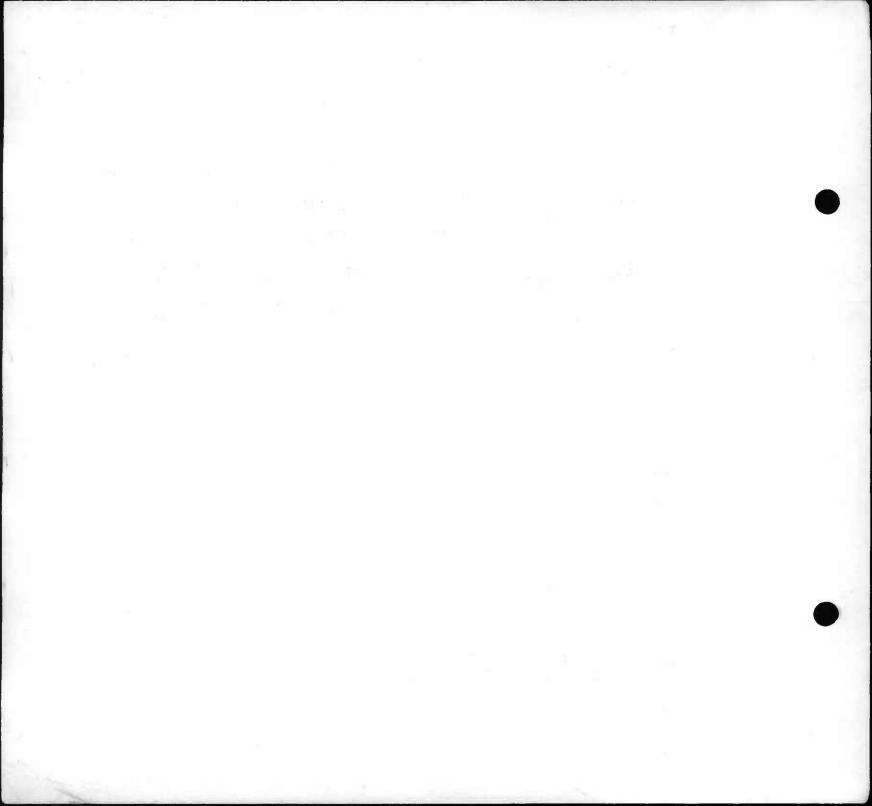
72 USOO6 BALTIMORE CITY HE	ARYLAND-DHMH				
7-460 MEDICAL EXAMINER'S		F DEAT	ГН	72 08	2000
BIRTH NO.	CERTIFICATE	, DLA	REG. NO.	12 00	3000
1. NAME OF DECEASED (Type or Print)	2. DATE Known K	Month	Doy	Year	Hour
IVY TYLER	OF DEATH Estimated	□ 8	18	72	1:30 P.M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE	Month	Day	Year	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD	8	18	72	1:30 P.M
OR INSTITUTION	5. USUAL RESIDENCE (W		lived. If Institution		
Maryland General Hospital	A STATE Maryland	12.	B. COUNTY	1	4-02
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CI	TY LIMITS?	1
Female Neg ro WIDOWED DIVORCED	Baltimore (	lity	V	ES 🖾 N	· 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. lost birthdoy) Months Days Hours Min.				10	<u> </u>
11. BIRIHPLACE(State of foreign country) 12. CITIZEN OF	13_FATHER'S NAME	DL.			
MAN COUNTRY?	00000	4 m	21.0.1		
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	YIS MOTHER'S MAIDEN N	NAME	Core -		
	Marie	non			
14. WAS DECEASED EVER IN U.S. ALMED FORCES? 117. SOCIAL	18. INFORMANT	1 W VU	<i>L</i>	DDRESSA	
16. WAS DECEASED EVER IN U.S. ALMED FORCES? (Yes, no or unknown) (If yes, give year or lotes of service)  17. SOCIAL SECURITY NO. 216-30-1176		B	11.	Jan .	0
19. 41 9 4. CAUSE OF DEA	XIIICIN	1 Del	ec.	APPON	OXIMATE INTERVAL
CAUSE OF BEA	in.				N ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which coused death.)	CAUSEARTERIOSCIES AS A CONSEQUENCE OF:	Disea		curar	
miory of compileation which coosed dealer.)		DIDCO	.00		
ANTECEDENT CAUSES (8)					
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR					
KISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	AS A CONSEQUENCE OF:				
II I UNDEXETING CONDITION LAST.	AS A CONSEQUENCE OF:				
II I UNDEXETING CONDITION LAST.	AS A CONSEQUENCE OF:				
II I UNDEXETING CONDITION LAST.					
OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W.				21. AUTOPS	Y? (Yes or No)
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1100		HEALTH DEPARTMENT	72 08007
	72 080	CERTIFICA	TE OF DEATH	REG NO WARYLAND DITHE
	AME OF DECEASED			DAMAN DE COMMONICO DE LOS
(Ту	LOVIE PER	2R7	2. DATE AND 8 19	HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. Il institution: residence belose admission)
FU HC	LL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Md.	D. INSIDE CITY LIMITS?
			BALTO	YES NO
	SINAL MOSP OF BALTO.		E. STREET AND NUMBER	
	42		824 WOODW	4-70N RD 21229
5.	E MAR		los / los	AGE (In years if Under 1 Yr., Il Under 24 His. Months; Doys Hours; Min.
		WED DIVORCED	1900	60
	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working life, even it retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreign	country) 12. CITIZEN OF WHAT COUNTRY?
	housewife		north Cows	Auri USA
13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	0
	Howard Harrie	O. L.	(XDurane	Stage V.
15.	Nos Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or date) of serv	1 6. SOCIAL	17. INFORMANT	ADDRESS
116.	, in or disknown, the yes, give wor or doteg of serv	SECURITY NO.	Raul. Ot	1
-	18. / / / / / / / /	CAUSE OF DEATH	Januar 1	ul clime
	DISEASE OR CONDITION DIRECTLY	CASSE OF BEAT	•	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		Com	Sec.   24.1
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO, OR AS A	CONSEQUENCE OF:	ue sersis 29 hrs.
	injury or complication which caused death.)	0		
	ANTECEDENT CAUSES			PICARDIAC TAMPONADE
	DISEASES OR CONDITIONS, il ony, gi rise to the obove couse (A) stoting		A CONSEQUENCE OF:	
	UNDERLYING CONDITION last	(C)		
-	11			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERM!	NG CUF	20 1 <del>1</del>	
FIC	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	10B, IF YES, WERE FINDINGS CONSIDERED N CERTIFYING CAUSES OF DEATH?
ERTIFIC,	WAS PERFORMED			N CERTIFYING CAUSES OF DEATH?
O	21A. A CCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21C. WHERE DID	(If In Boltimore City, give exoct location)
S	DEATH Inolity medical examined	etc.)		
ED	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?
2	(APPROX)	While At Work Not While		
	22. I certify that (I) (this haspital) attend		8/11/72 19	to 8/15/72 19
	that (1) (we) last saw the deceased alive			n(my) (aur) opinion death accurred on the date
	and haur and fram the causes stated obav			the sails
	23A. SIGNATURE			23B, DATE SIGNED
	Robert & Some	L MD Aften Phys.	ding Med. Stat	F/19/22
	23C. PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	11112
	ROBERT S. LONDON	MD	SiNO MOSP	OF BALTO.
24A	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CREA	MATORY 24D. LOCA	
	Burnol 12-23-99	not la ben	(1) B	(1/2)
25A		AS OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS
	AUGZZ 1962 Widney	Williamon	18/2001	100 / M. ITT A

VS 150-REV. 1/1/68



72 08008 STATE OF MARYLAND-DEME

BI	D-650		MED			NORE CITY HE		TMENT CATE OF	DEAT	H REG. NO.	2 08	8008	
F.	NAME OF DEC	EASED					2. DATE	Known X	Month	D	V	lu.	
(Ty	pe or Print)		A DRUMM				OF			Doy	Yeor	Hour	
1	PLACE IN BAL				NOUNICED	DEAD	DEATH	Estimated	8	18	72	10:30	Р. м.
	LL NAME OF		TIN HOSPITA				3. DATE	NCED DEAD	Month	Doy	Yeor	Hour	
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OF	HOITUTITZMI						5. USUAL RE	SIDENCE (Where			residence b		
0	Tol S.	inai Ho	ngn				A. STATE	Ma 1 :		B. COUNTY		53	
6.	SEX	7. RACE	лэр.	8			C. CITY OR	Maryland	1	D. INSIDE CIT	L THATES		
						R MARRIED	C. CIII OK	ionia .		D. INSIDE CIT	I LIMITS!		
	female	whit	e	WIDOWE	D L	DIVORCED L	Ba	ltimore (	City	YE	s 🔽 n	10	
9.	DATE OF BIRTH	H	10. AGE (In		W Under 1 Yr.	Il Under 24 Hrs.	E. STREET A	ND NUMBER					
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11	BIRTHPLACE (S	tota os foreir		1	2. CITIZEN	OF	13. FATHER'S	Slade Ave					
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144	LUSUAL OCCU	PATION (Giv	e kind of work !	4B. KIND	OF BUSINES	S OR INDUSTR	Y 15. MOTHER	'S MAIDEN NA	WE				
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(Y.	WAS DECEASI		yor or dates of	FORCES?	17. SOC SEC	URITY NO.	IB. INFORM	ANT		AD	DRESS		
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			MON DIREC	TLY									
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	(This does no	of meon the	mode of dyle	ng, e.g.,			AS A CONSEQU						
	injury or com	plication whi	ch coused dea	h.)									
		NTECEDENT				(B)							
	DISEASES C	OR CONDITION	ONS, IF ANY,	GIVING		DUE TO, OR	AS A CONSEQ	UENCE OF:					
	UNDERLYIN	IG CONDITI	ION LAST.	NG THE									
Z					1	(c)							
H			11										
3	OTHER SIGN	IFICANT CON	IDITIONS CO	NTRIBUTII	VG.								
품	DISEASE OR	CONDITION	RELATED TO T	HETERMIN PT 1 (A)	IAL								
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ă	UNDERLYING			ho			e bidg., etc.) IN	INKA OCCURS .	1/0		2.1	2 7 .	~
MEDICA	UTING CAL			01 3		reet /		. St. Rt.			n Kd.	Balt.	Co.
_	OF INJURY	Monm) (D	oy) (Year)			Y OCCURRED	22	F. HOW DID IN	URY OCCU	R?			
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	SIGNATU					M.D	•				2/	19/72	
	NAME (T)		TT:17 .		. 11	1/-	ASSOC	TATE MEDICAL E	XAMINER .		0/.	27/12	
2.4			William	n P. 1	Mulloy,	MY D.							
RE	A. BURIAL CREM	TAHON, 2	4B, DATE		24C. NAME	of CEMETERY	or CREMATOR	Y 24D. I	OCATION	(City, Iown,	ar caunty)	(Stote	)
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25	DATE DECID	DY HEAD	MIJ.VI	17/	CHI	=/Y_///	VEN G	FPICKERY	1 GH	EN PV	ZHIE	_/Y	19,
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

(	) - 2			HEALTH DEPARTMENT	. 1	15 080	003
Y	-323 72	0800	9 CERTIFICA	TE OF DEATH	REG. NO.		TT 1 2772 TO TO THE REAL PROPERTY.
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(Typ	e or Print)	MACEN				972	2.20 1
3.6	ATCHETT, EDITH HOLLAGE IN BALTIMORE MARYLAND, W			A UG L		116	ence before admission)
				A. STATE B. COUR		DE COUNT	TV 5200
FUI	L NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	L OR INS	TITUTION, GIVE STREET	MARYLAND	BALTIMO		1 1
INS	TITUTION			C. CITY OR TOWN	D. 1	NSIDE CITY LIMIT	
12	AGNES HOSPITAL			E. STREET AND NUMBER		YES	NO [X]
1	+0			3220 MARNAT	T ROAD	21	208
5. \$	EX 6. RACE	7. MARRIE	D X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Months: Do	Yr. If Under 24 Hrs.
F	MALE CAUCASIAN	WIDOW	DIVORCED	09 27 89	82		
10A	USUAL OCCUPATION (Give kind of work	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	eign country)	12 CITIZEN	OF WHAT COUNTRY?
done	during most of working life, even if retired)	0161	Y HOME	VIRGINIA		USA.	
13.	TOUSEWICE FATHER'S NAME	OVVI	110111=	14. MOTHER'S MAIDEN NA	ME	1034	
	OHN BAYLISS			SOPHIA (GREE			
				· ·			
15. Yes	Nos Deceosed Ever in U. S. Armed Fore ,no or unknown) (If yes, give wor or dote:	ces? s of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT RI	ECORD'S B	BALTIMOR	EREMD 21229
N	none		705-05-6019	ST AGNES HO	OSPITAL W	VILKENS	& CATON AVE
	18.4 = / /		CAUSE OF DEAT	H O O	Λ		PPROXIMATE INTERVAL
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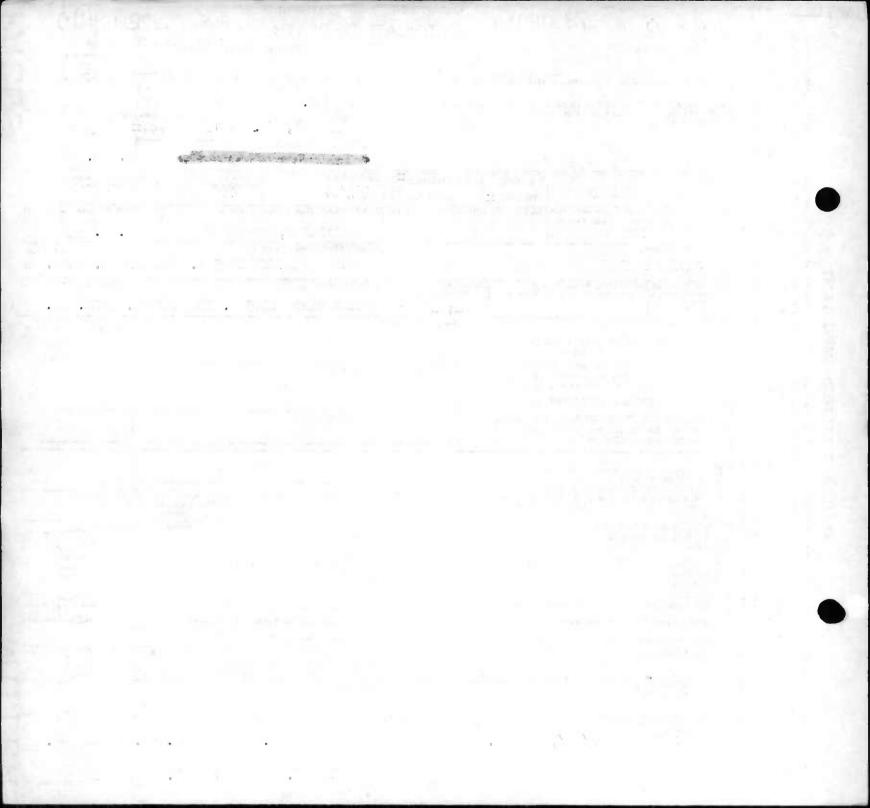
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## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature;: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1-620 72 (	08011		HEALTH DEPARTMENT	REG. NO.	72 080119
	NAME OF DECEASED	U LL	CERTIFICA	TE OF DEATH	STATE	OF MARYLAND DEDWA
	pe or Print) Frank	Jirs	7	2. DATE AN	18 77	1 2:3010
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUN	CED OEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If inst	titution: residence before admission)
ΗШ	ULL NAME OF OSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION	ON. GIVE STREET	C. CITY OR TOWN Attimo	setlimor	E CITY LIMITS?
	University of 1	Many	land.	- hutheril	770	YES NO
	8 Hospital.			E. STREET AND NUMBER	to 1626	E 3/nt St
1	nale Couc.	WIDOWED	NEVER MARRIED DIVORCED	11/22/88/1	82	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10/	LUSUAL OCCUPATION (Give kind of work to during most of working life, even if retired)	108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country!	12. CITIZEN OF WHAT COUNTRY?
	Tailor	Kaivana	gh's	Austria		USA
13.	FATHER'S NAME Mathias -			14. MOTHER'S MAIDEN NAM	E	
	HET THEID VIV	53		Mary	Jira	Annual Control of the
1.00	Was Deceased Ever in U. S. Armed For s,no or unknown) (If yes, give wor or dote No	ces? 16 s of servicel	2770-07-5103	17. INFORMANT Chart		ADDRESS
	18. 4/2.4/1		CAUSE OF DEATH			APPROXIMATE INTERVAL
	OISEASE OR CONDITION DIR	RECTLY		0.1.1		BETWEEN ONSET AND DEATH
	(This does not mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	SE CACOLO PULL	monary A	185+, Open
	heart lailure, asthenia, etc. It means injury ar camplication which caused	the disease, death.)	000,000,000	CONSEGUENCE OF:	\	
	ANTECEDENT CAUSES		(1) F			3-40
	DISEASES OR CONDITIONS, II	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	A .	o lancho,
	nise la lhe abave cause (A) UNDERLYING CONDITION last.	stating the	(c) Ather	rosclerotic	- (ardiou	ascular
~	11		0.015	ease		
SATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL	Chroni	Obstructi	ve Palm	disease
ERTIFIC	19A. DATE OF OPERATION 19B. CONT	ORMED	CH OPERATION	20A. AUTOPSY? (Yes or No)	20 L IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medical examiner)	21 B, PLA home, f	CE OF INJURY (e.g., in orm, foctory, street, off	or obout 21C. WHERE DID	(If In Boltimore C	City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Yearl	(Hour) 21E INJ	IURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
2	(APPROX.)	While A Work	Not While			
	22. I certify that (this hospital)	attended the d		18 2100 pm 19	72 to aug.	18 2:36 por 19 2 }
	that (1) (we) last saw the deceased	dallye on Au	4.18 0	19 72 and that	In (my) (our) opinio	on death occurred on the date
	and haur and fram the causes state	ed above. 71) (W	(e) (dld) <del>(did not</del> ) vi	ew the body after death.		
	23A. STONATURE	2	2410		3 10	BE DATE SIGNED
	(Caymond)	Jauzey	DEGREE Phys.	Director L Ph	off Sys.	8/18/72
	23C. PHYSICIAN'S	12200	(10 MN) 2	D. ADDRESS	1001A	10
24A	BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C. NAME	of CEMETERY OF CREA	AATORY 24D. LOC	CYST OU.	rt 10WSON Md.  Iown, or county) (Stotel
	Burial 8-22-72	Dule	mey Valley	Memorial Pank		
25A	AUG 23 1972	258-NAME OF RI	EUSTRAR	25C. FUNERAL DIRECTOR	n Ina-GUE O	Belair Rd21206
VS	50-REV. 1/1/68	1		Joint Co mocre	C THE-OTIS B	eiair Kd21206

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## FUNERAL DIRECTOR: IMPORTANT

1	B-526 72 08012 CERTIFICATE OF REALTH DEPARTMENT	72 08012
and eath ased the Such	BIRTH NO.	TATE OF MARYLAND-DHAW
dec dec ceas on t	IT THE OF POOL	DEATH
ig o D o t	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE TWhere deceased in a STATE  8. COUNTY	2 3:30 A. Mired If institutions residence before admission)
hos ise (5) de de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	2745
se;	INSTITUTION ADDRESS OF LOCATIONI C. CITY OF TOWN  Baltimore	D. INSIDE CITY LIMITS?  YES X NO
d cau	6510 Belair Road  E. STREET AND NUMBER 6510 Belair Road-2	0/206
- 30 B B		one I K Hada 1 Va K Hada 24 Ha
occurribu ontribu ermine regula sased is mad	S. SEX.    6. RACE   White   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In y lost birthdoy)	eors If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY
Po P	Tone during most of working life, even if relired) Self-Employed Balto. Md.	U.S.A.
if d ect Way way the	13. FATHER'S NAME Unknown  14. MOTHER'S MAIDEN NAME Amelia	
d; (dish	U 15 Was Deceased Ever in 11 S Armed Ferror? 11 6 COCIAL 177 INTORNATION	ADDRESS
kind kind deat deat inal	SECURITY NO.  215-10-5047  May Ray Baymant ne	6510 Belair Road
s assignment	18. 4/0.9 1+ 250.9 CAUSE OF DEATH	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
E 0 4 E 0 0	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH	+ Imul
Also ure o onou alme		***************************************
fractu o pro gular emba	F	1- Donney
A fr Who	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:	lion
3) e x	g   rise to the above cause (A) stating the UNDERLYING CONDITION last, (C) A then o schools Chicke	woo Du ?
medical edical burns; hysicic n was remair		
med bui phy an v	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
Pice &		WERE FINDINGS CONSIDERED
C - C -	CO CONTRIBUTION OF CONTRIBUTIO	Boltimore City, give exact location)
y the ital b e; (2) here No pl	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	
atur atur pt w (6)	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR. While At Work	?
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appr fan) fan)		our) opinion death occurred on the date
005-	0	out opinion death accurred on the date
must be eleased scident hospit to deat al must	23A. SIGNATURE	238. DATE SIGNED
	Aftending M Med. Staff Director Phys. 23C-PHYSICIANS	8-21.72
y was r y was r 1) An a 3.A. at d prior	23C. PHYSICIANS NAME (Type)   LUITAI (C. 144 / 6 7527 Belair Red	Balls 21236 Dro
E - E		(City, town, or county) [State)
the body shows: (1, was D.O., deceased	Burial 8-22-72 Parkwood (emetery Baltimo	ne, Mayland Address
This the bashow was dece	25A. DATE REC'D BY HEALTH DEBT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR John C. Millen Inc.	6415 Belair Road-21206
	VS 150e REV. 171/48	J Deduce Nout-21200

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BALTIMORE CITY HEALTH DEPARTMENT 72 08013 CERTIFICATE OF DEATH STATE OF MARYLAND-DHMA I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print)
Philomena Capiletto August 14, 1972 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE Maryland Baltimore County (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? NO X St. AGNES HOSPITAL Baltimore County YES E. STREET AND NUMBER Wilkens and Caton Ave. 329 Harlem Lane, Caton Ridge Nursing Home Baltimore, Maryland 21229 9. AGE (In years 5. SEX 6. RACE 8. DATE OF BIRTH If Under 1 Yr. Months: Doys MARRIED NEVER MARRIED Female Caucasian WIDOWED DIVORCED 9 January 88 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Housewife Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Scarmazza Lucia 15. Was Deceased Ever in U. S. Armed Forces 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Dorothy Erdbrink 1314 Limit Avenue No 1B. / BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the made of dying, e.g., hearl failure, osthenia, etc. Il means the diseose, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) DEATH (notify medical examiner) MEDI (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While At Work (APPROX.) Work 22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an... and have and from the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending [ Staff Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Woodlawn. Maryland Lorraine Park Cemetery Burial 17 A 25C. FUNERAL, DIRECTOR 258. NAME OF REDISTRAR ADDRESS Funeral/ Baltimore, Md. VS 150-REV, 1/1/6B

7/17/72 2809 Miles AVE 2/2/1

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1/1	1-220	72	08014		HEALTH DEPART		72 08017
	RTH NO.		COOTA	CERTIFICA	TE OF DE	ATH REG. NO	PATE OF MARYLAND-
	Pe or Print)	ASED	6/-	1	2.	DATE AND HOUR OF DE	
3.	PLACE IN BALTI	MORE MARYLAND, W	HERE PRONOUNCE	awi	A USUAL PESIDE	8-16-72 NCE (Whated described)	L If institution; residence before
			HERE FRONCON	CED DEAD	A. STATE	B. COUNTY	1
HC	LL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPIT	AL OR INSTITUTION	ON, GIVE STREET	C, CITY OR TOWN	/ WICOMICO	INSIDE CITY LIMITS?
-	BON	Secour			Salisbur	7.	YES TO NO
	D	1-			E. STREET AND N	UMBER	
5. 1	SEX Id	. RACE	7		613 E.	Church Street	
	F	W	WIDOWED	NEVER MARRIED DIVORCED	12-3-	9. AGE (In years lost birthday)	5 Months Days Hours
den	e during most of we	ATION (Give kind of work orking life, even if retired)	IOB, KIND OF BU	SINESS OR INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT
13.	House FATHER'S NAM	wife	-			yland	USA
	11				14. MOTHER'S MA		CI
15.	Was Deceased E	ver in U. S. Annad Fare	es?  1 6	SOCIAL	17. INFORMANT	Mc Gra	
(Ye	44	ver in U. S. Armed Ferd If yes, give war ar date:		SECURITY NO.	10	aughter)	1207 Sargeant
_	No	2 11	2	13-14-6639 CAUSE OF DEAT	Mrs. Myrt	le to Atchison	, Baltimore, Md.
	DISEASE	OR CONDITION DIR	ECTLY	and an agent			BETWEEN ONSET
		EADING TO DEATH meon the mode of	dvina	(A) IMMEDIATE CAL	ISE Emphyse	ma. PW. ec	lema.
	heort foilure, a	sthenio, etc. It means lication which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF	F:	
		NTECEDENT CAUSES	aeama		20.	delydratio	
	DISEASES OR	CONDITIONS, if	iny, giving	DUE TO, OR AS	A CONSEQUENCE	OF:	
	rise la lhe UNDERLYING	above cause (A) CONDITION last	staling the	(c)			
_		11					
TO	TO THE DEATH	ANT CONDITIONS CON	E TERMINAL				
CERTIFICATION	19A. DATE OF	NDITION GIVEN IN PART	NITION FOR WHI	CH OPERATION	(20A. AUTOPSY?	Yes of No 20B IF YES W	VERE FINDINGS CONSIDERED 3 CAUSES OF DEATH?
ERTIF	0	WAS PERF				IN CERTIFYING	CAUSES OF DEATH?
_	OR CONTRIBUTI	WAS UNDERLYING	21B, PL/ home,	CE OF INJURY (e.g., (orm, loctory, street, of	n ar about 21 C. WHE fice bldg., INJURY O	RE DID (II In Bo	ltimare City, give exact location)
0	DEATH (notily m		etc.)				
MEDI	OF INJURY	Month) (Day) (Year)	White A	URY OCCURRED Not White	• [7]	DID INJURY OCCUR?	
		and (I) Affice Land III	Work	At Work	Aug 12		1
1 1		not (i) (this hospital) ast sow the decease		Aug 16		191a	Aug 16 19
		fram the couses state	-				opinion death occurred on
	23A. SIGNATURE			y (did) (did not) v	iew the bady afte	r deoin.	23B, DATE SIGNED
		C. A.	Alm	Dhan	nding Med.	for Staff D	Aug 1h7
	23C. PHYSICIAN NAME (Typ	s v		DLOREE	23D. ADDRESS	0	0
		CHOON	Ja 1	THIV	Bo	on secous	is hosp
24A	REMOVAL (Spe		24C. NAME	el CEMETERY of CRE	MATORY	24D. LOCATION	(City, town, or county)
254	Buria1	8/19/72	Shad	Point Cemet		Salisbury, W	icomico, Marylan
ACS		12 Trop	25B. NAME OF R	100	HOLKOWA	DIRECTOR	ADDRESS
_	150-REV. 1/1/68		44 /		1 OF PANY	TOMENAL HOME	, Salisbury, Md.

a to will make T TITLE G . 7 7, MATTER SECURITION .45 Part of the control of the contr

the state of the s

BALTIMORE CITY HEALTH DEPARTMENT 72 08015						
72 DAGE CERTIFICATE OF DEATH REG. NO.						
SIRTH NO.	2, DATE AND HOUR OF DEATH					
(Type or Print) HOOPES, GERTRUDE	8 18 172 · 2·30 P-174					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MD 1202					
INSTITUTION	BALTIMORE D. INSIDE CITY LIMITS?					
UNION MEMORIAL HOSPITAL	E. STREET AND NUMBER HOMEWOOD APTS.					
33RD 4 CALVERT ST.	31SE & CHARLES ST 21218					
5. SEX 6. RACE 7. MARRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.					
WIDOWED DIVORCED	Aug 22 1879 42					
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working lile, even if retired)						
At home	MARYLAND AMERICAN					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
William H. Hoopes	Georginia Wilhelm					
W1 I 1 am H. HOOPES  15. Wos Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  No. 220 - 46 - 218	17. INFORMANT ADDRESS					
No 220-46-318	4 Hospital records					
18. CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DECTL						
LEADING TO DEATH	USE CARDIO RESPIRATORY FAILURE					
(this does not mean the made of dying e.g., DUE TO. OR AS	A CONSEQUENCE OF:					
	LMONARY EMBULUS					
ANTECEDENT CAUSES	TURE HUMERUS.					
DISEASES OR CONDITIONS giving DUE TO, OR AS	S A CONSEQUENCE OF:					
rise to the obove cause (A) stating the UNDERLYING CONDITION tost.						
UNDERLYING CONDITION TOST. (C)						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	EBRAL PALSY					
TO THE DEATH BUT NOT RELAND TO THE TERMINAL  O DISEASE OR CONDITION GIVEN IN PART 1 (A).	DKM- INLT					
U 194 DATE OF OPERATION TOR CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
8 1725 TO WAS PERFORMED TURE HUMERUS No IN CERTIFYING CAUSES OF DEATH?						
OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?					
DEATH (notify medical examiner) etc.) Home	In bathroom					
210. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
OF INJURY 7 23 72 820 While At Not White W FELL FROM CHAIR						
22. I certify that (I) (this haspital) attended the deceased fram 7 24 72 19 to 8 19 72.						
that (J) (we) last saw the deceased alive an 5/18/72 19 and that in (my) (aur) opinion death accurred an the date						
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.						
23A. SIGNATURE 23B. DATE SIGNED						
Attending Med. Staff W 8 18 72.						
23C PHYSICIANS						
MODS PORDI CANGETTINE						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)						
Burial 8/22/72 Greenmount Cem. Baltimore, Maryland						
25A, DATE REC'D BY HEALTH DEPT.   25B, NAME OF REGISTRAR   25C, FUNERAL DIRECTOR   ADDRESS						
AUG 3 1972 G. F. EVANS, & SON 8802 Harford road						
VS 150-REV. 1/1/68						
107						

THE RESERVE OF THE PARTY OF THE

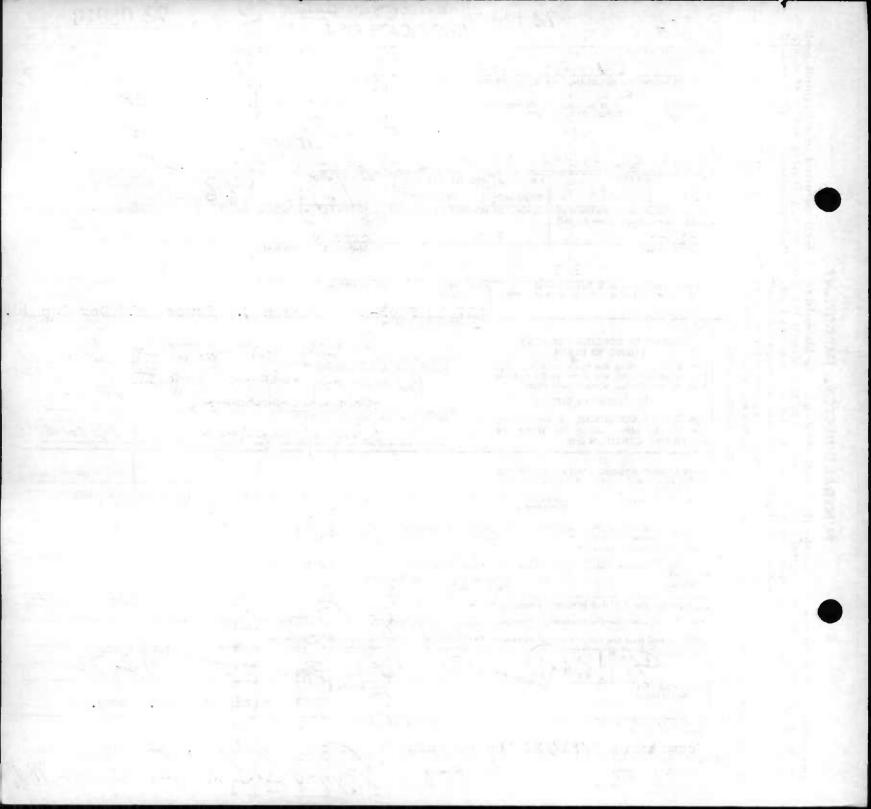
dina lake

14 1 19 1 5 1 YE I WELL TO

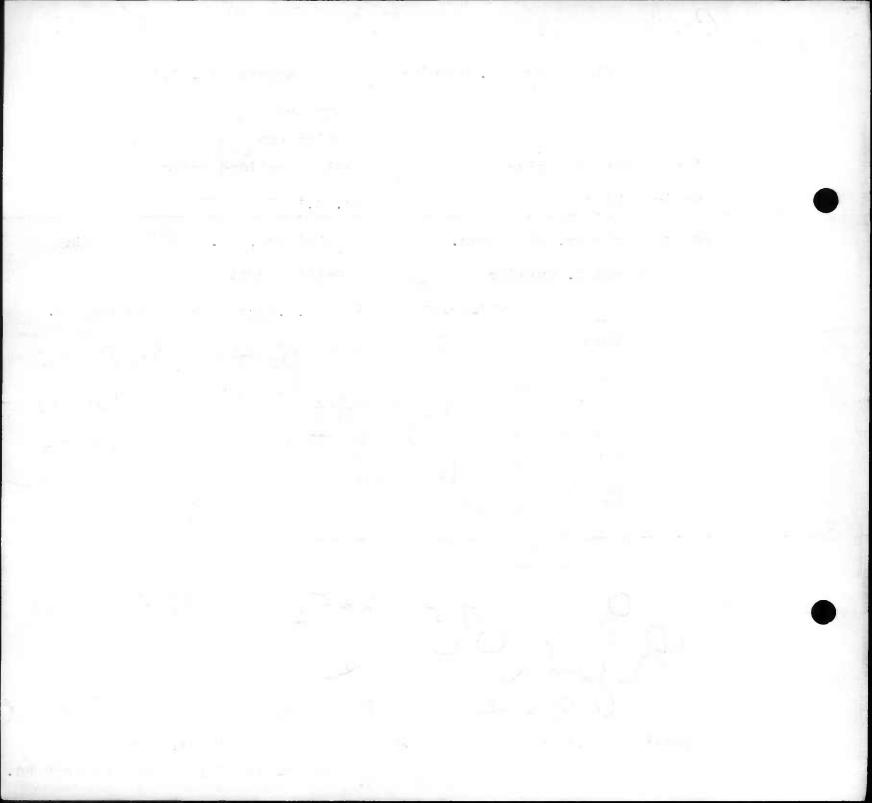
BEST BEST STORY STORY

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the virthen approval must be obtained before the remains are embalmed or final disposition is made.

0	DO 1 004 BALTIMORE CIT	Y HEALTH DEPARTMENT	72	08016
5-656	72 USO1 BALTIMORE CIT	ATE OF DEATH	KLO. 140.	
BIRTH NO.		2. DATE AND	HOUR OF DEATH	MARYLAND-DHMH
Type or Print) Burner	· TosePh	8/	19/72	1 /orpm M.
3. PLACE IN BALTIMORE MARYLAND, W	HERE PRONOUNCED DEAD	A. USUAL RESIDENCE IWhere	deceosed lived. If institutio	n: residence before admission)
THE NAME OF STREET AT HOUSE	AL OR INSTITUTION ON STATES	2000/0	Les Tos)	X1. 805
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAL NOTITUTION	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CIT	LIMITS?
N 3 II O II O II		Balt	YES	P NO
0 1 5 10	11 0	E. STREET AND NUMBER	A 01	/
South Balto, 6	en. 4059.	2000 Ches	les st	
SEX 6. RACE	7- MARRIED HEVER MARRIED	& DATE OF BIRTH	AGE (in years If U	nder 1 Yr. If Under 24 Hrs. ths Days Hours Min.
m	WIDOWED DIVORCED	8/10/06	6941	
OA, USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	108 KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	country) / 12.	CITIZEN OF WHAT COUNTRY?
Welder	7 7	Germany		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7 3 3			/ ? ?	
Wes Deceased Ever in U. S. Armed For	ees?   16-SOCIAL	17. INFORMANT	•	ADDRESS
S. Wes Decessed Ever in U. S. Armed Fer es, no or unknown) (if yes, give war or dote				
No	217 18 590		C. Birner	915 Dorking R
18.4/0.01	CAUSE OF DEA	O t		APPROXIMATE INTERVAL
DISEASE OR CONDITION DI		(20) Sea D. Y	0 0 0	2/1
(This does not mean the mode of	dying e.g. (A) MMEDIATE C	S A CONSEQUENCE OF:	more whole will	14 2 100
heart failure, asthenia, etc. It means injury or complication which coused	the disease,	monar cole	war, conject	<u></u>
ANTECEDENT CAUSES	120	Christ de	DI-0.	12 year.
DISEASES OR CONDITIONS, IF	(B) DUE TO OR	AS A CONSEQUENCE OF:	Clare	
rise to the above cause (A)	stating the	1 1/2	desi	10 wars.
UNDERLYING CONDITION lost	(c)	the said	27344	1000
. 11				
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR				
	T 1 (A).	20A-AUTOPSYE (Yes of No.)	OUR IE ARE MEDE EINIDIE	AGE CONSIDERED
19A DATE OF OPERATION 19E CON WAS PER	ORMED WHICH OPERATION	95	208, IF YES, WERE FINDING CAUSES	OF DEATH?
21A ACCIDENT WAS UNDERLYING	218 PLACE OF INITIES (a.g.	in or obout 21 C. WHERE DID	III in Baltimare City.	give exact location)
. OR CONTRIBUTING CAUSE OF	home, farm, foctory, street,	office bldg. INJURY OCCUR?	. In the boundary willy,	Bus event torquest
DEATH (notify medical examined)				
21D.TIME (Month) (Day) (Year) OF INJURY		21F. HOW DID INJU	RA OCCASS	
(APPROX)	While At Wo	k 🗆	·	.0 2-
22. I certify that (I) (this hospital	) attended the deceased from	19/20, 19	2/- 10/	Hy 19/2
that (1) (we) last sow the decease	160	19 D 2 and that	in(my) (our) opinion	death occurred on the date
ond hour and from the causes sta	red above. (I) (We) (did) (did not)	/	•	
23A. SIGNATURE ()		, 11111	23 B.	DATE SIGNED
St. I Xw		Hending Med. S	hoff bys.	1 de 72
23C. PHYSICIAN'S	DEGREE	hys. L. Director L. P. 23D. ADDRESS	375. —	/ / /
NAME (Type)			timore Gen.	Hosp
	DEGR	ie		
AA. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C, NAME of CEMETERY of C	REMATORY 24D. LO	EATION [City, for	vn, or county) (State)
	72 Loudon Park	Crematory   Bal	timore. Mar	vland t
SA. DATE REC'D BY HEALTH DEED	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	7. 1 /S	ADDRESS
AUG23 1977 7500	AND LONG THE PARTY OF THE PARTY	Nagond Var	JUNR-Wen	Dume M
/S 150-REV. 1/1/68	//	71/0 103		7



1	C-326 72 (8017 SEPTIMORE CITY HEA	ALTH DEPARTMENT 72 08017
and ased the Such	BIRTH NO.  1. NAME OF DECEASED  72 CS017 CERTIFICATE	OF DEATH STATE OF MARYLAND-DHMH
_ 70 0 5	(Type or Print)	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	USUAL RESIDENCE (Where doceosed lived, If institution: rosidence before admission B. COUNTY
2 :50	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C.C.	Maryland CITY OR TOWN  D. INSIDE CITY LIMITS?
- 7	00	Baltimore YES NO NO STREET AND NUMBER
U	2301 Pentland Drive	2301 Pentland Drive
occur intrib rrmin egule ased	Fome to White	ATE OF BIRTH  9. AGE (In years   If Under 1 Y., If Under 24 His Months; Days Hours; Min.
contribut contribut etermined n regular seased p	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OF INDUSTRY 11.	pr. 14, 1885 87  BIRTHPLACE (Stole or foreign country)   12, CITIZEN OF WHAT COUNTR
or or nde	bone during most of Wolking life, even if relired	
D + D D O N	13. FATHER'S NAME	Baltimore, Md. USA MOTHER'S MAIDEN NAME
2 2 2 5 5 7	Joseph T. Cutajar	Nellie Scott
istanthe di kind; death ce on	(Yes, no or unknown) (If yos, give wer or dotes of service) SECURITY NO.	NFORMANT ADDRESS
d d d	217-09-1784 Mi	iss F.E.Marzak 2301 Pentland Dr.
F 0 - F 0 D	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEAT
Ta Se Pe	(This does not mean the mode of dying, e.g. (A) IMMEDIATE CAUSE	NSCOUNTED NOUNS
ner. actu pro ular mba	heat failure, asthenia, etc. It means the disease, injury or complication which caused death.	my on ten's
Ho be	ANTECEDENT CAUSES	Ais Jeans
exa (3) A in v	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last.	DISEQUENCE OF:
dica cal ns; icia ras	(9/20000000	472
medica medica burns physici an was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Malighancy 1 year
chief Body the the ysici	( ) in a	0A. AUTOPSY? (Yos of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
the cal by (2) B ere to phy efore	U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or of	hout 21 C WHERE DID
No No	O DECLY MODICOL Exominer)	109 INJUNT OCCUR?
hosp natu ept d (6)	(  (APPROX)	21F. HOW DID INJURY OCCUR?
SSYXEE	22. I certify that (1) (this hospital) attended the deceased from	65 10 48/15 104)
D 0 4 - 0 0	that (1) (we) last saw the deceased alive an 8 (5	19 ta 19 19 19 19 19 19 19 19 19 19 19 19 19
be ded in the prit prit stat	and haur and from the causes stated above (1) (We) (dld) dld not) view the	he bady after death.
SOPOPE	Attending i	
0 1 0 1 3	23C. PHYSICIAN'S NAME (Type)  23D. A	Director Phys.
was r was r A. at a I prior	0 19 7 + 19	06, I felly text
E\$0000	Parial 8/19/72 Loudon Park	(artist)
the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT. / 258. NAME OF REGISTRAR 125	Baltimore, Maryland
水戸水 おけは	AUG23 1972 Sury Inter How Of	Mitchell-Wiedefeld Home 6500 York R



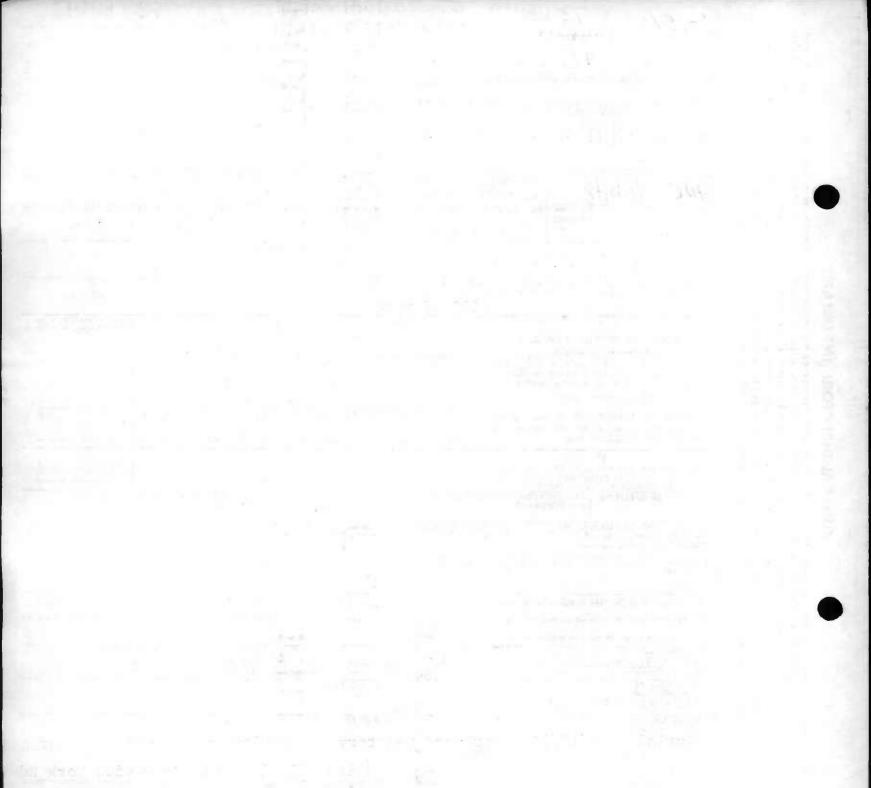
1	M-300 12-8018 BALTIMORE CIT	TY HEALTH DEPARTMENT 72 08018			
BIR	M-300 72-80/8 CERTIFIC	ATE OF DEATH REG. NO.			
1.1	B. C.	2. DATE AND HOUR OF DEATH			
2	Marybelle E. Muth	8/19/1972			
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. USUAL RESIDENCE (Whore deceased lived, If institution: residence before admission a. STATE  B. COUNTY  Md. Baltimore			
IN:	OSPITAL OR ADDRESS OR LOCATION!	C.CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?			
L	4411 N. Charles St	E. STREET AND NUMBER 4411 N. Charles St.			
5. 5	SEX 6. RACE 7. MARRIED NEVER MARRIED				
	Female White WIDOWED X DIVORCED	1 3/9/1878 94			
don	A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTR ne during most of working life, even if retired) Homemaker	Baltimore, Md. USA USA			
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Isaac Elinger	Isabelle Pollard			
15. Yes	Wos Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS			
	SECONII (NO.	Mrs. Hugh A. Meade same			
	18. 11 CAUSE OF DEA	TH / APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY Wiles GOVE	Verolic degenerative			
	LEADING TO DEATH  (A) IMMEDIATE CA	asservar disease			
	heort failure, osthenia, etc. It means the disease,				
	injury at complication which caused death.)	wat melly melly reince			
	ANTECEDENT CAUSES (B) CYCL	lalor Colhabre.			
	DISEASES OR CONDITIONS, il any, giving rise to the obove couse (A) stating the	e deart fallere			
	UNDERLYING CONDITION last. (C)	E HOW Ture			
z	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED			
CERTIFIC	WAS PERFORMED	20A. AUTOPSY? (Yes of No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, foctory, street, other contributions)	in or obout 21 C. WHERE DID (If In Boltimore City, give exect location) office bidg., INJURY OCCUR?			
MEDI	21D-TIME IMonthi (Doyl (Yoor (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?			
٤	(APPROX.) While At Not White At Work	ile 🗆			
	22. I certify that (I) (this hospital) attended the deceased from	FULC. 196/ to 19 AUG 1972			
	that (1) (we) lost saw the deceased alive an 19 Fob.	1972 ond that in (my) (aur) opinion death occurred on the date			
- 1	and hour and from the causes stoted abave. (1) (We) (did) (did nat)	adam Aba bada adam da adam becurred on the date			
	23A/SIGNATURE O O O O O	23B, DATE SIGNED			
	Joseph E. Myse & Man Att	lending 7 Med, Stoff 1 10 Med			
	232 PHYSICIANS NAME (Type)	23D. ADDRESS			
	I NAME CITYPE	901 Pino Ht Bug Back 29M			
24A	A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMOVAL (Specify)	REMATORY 24D. LOCATION (City, town, or county) (Stote)			
	Burial 8/21/72 New Cathedral C				
25A	A. DATE REC'D BY HEALTH DEPTY 258, NAME OF REGISTRAR	metery Frederick Rd. Balto Md.			
	AUG23 1972 Drobey Whorton	Mitchell Wiedefeld Home 6500 York Rd.			
/S 1	150-REV. 1/1/68				

Ye same \* 1 - 20 - 20 . . v . X4 ... and the second second 

## FUNERAL DIRECTOR: IMPORTANT

t if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased Such E 0 death. was in regular attendance 2 prior disposition is made. deceased the assistant if death O kind; embalmed or final (6) No physician was in regular attendance (3) A fracture of any pronounced examiner. who 910 physician be obtained before the remains the body was released to the hospital by a medical shows: (1) An accident of any nature; (2) Body burns; the where approved (except and death); hospital must 0 written approval 0 eceased prior to was D.O.A.

0.8019 **BALTIMORE CITY HEALTH DEPARTMENT** REG. NO. CERTIFICATE OF DEATH OF MARYLAND-DHME BIRTH NO. Cromwel1 I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH AWRENCE 161 4. USUAL RESIDENCE (Where deceased lived, It institutions residence before edmission)
A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE MEMORIAL HOSPITAL NO E. STREET AND NUMBER 3 PIN OAK 8. DATE OF BIRTH 9. AGE (In years lost birthday) If Under ) You Months! Days Il Under 24 Hrs. 5. SEX 6. RACE MARRIED NEVER MARRIED 03 DIVORCED WIDOWED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if reffred) A, 2, Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Wes Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) of yes, give war or dates of service) SECURITY NO. UM 212 07 962 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: obstructi ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTORSY? (Yes or No.) 218 PLACE OF INJURY (e.g., in or obout 21 G. WHERE DID home, farm, fectory, street, office bidg, INJURY OCCURY of C.J. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (II In Boltimore City, give exect location) MEDICAL DEATH (notify medical examined 21D. TIME OF INJURY (Month) (Doy) (Year) [Hous 21F. HOW DID INJURY OCCUR? 21E INJURY OCCURRED Not While While At (APPROX) At Work 19 77 to 22. I certify that (1) (this hospital) attended the deceased from OS 16.1 8/ 19 \_\_\_\_ and that in (my) (our) opinion death occurred on the date that (1) (we) last saw the deceased alive on... and hour and from the causes stated above. (1) (We) (did) (did-es) view the body after deaths 23 B, DATE SIGNED 23A. SIGNATURE 8/16/ Shoci Attending | Med. Director Phys. DEGREE 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS SHOCAIR AYWAH 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) (State) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) 8/19/72 Burial Parkwood Cemetery Taylor Ave 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 25A. DATE REC'D BY HEALTH DEPT. Mitchell Wiedefeld Home 6500 York Rd VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	2	BALTIMORE CITY	HEALTH I	DEPARTMENT			
BN	5-260 72 EE	CERTIFICA	TE OF	DEATH	REG. NO	72 08020	
1,1	AME OF DECEASED				HOUR OF DEAT	TE OF MARYLAND-DHMT	
(Ту	pe or Print) MAGGIE	ZOKER		8-1		FIE	
3.	PLACE IN BALTIMORE MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL A. STATE		deceased lived, il	institution: residence before admission)	
FU	LL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY O	3919	TALLIA	SIDE CITY LIMITS?	
110	MGH Md Genera	1 Hosp		BALTO	),  D. III	YES NO	
-	48		E. STREET	19 FA	Is Rd		
5.	SEX   6- RACE   7- MAR	RIED NEVER MARRIED	8. DATE O	F BIRTH 9	. AGE (In years	If Under 1 Yr. , if Under 24 Hrs.	
101	WIDO WIDO			03 4	ost birthdoyl	Months Doys Hours Min.	
	LUSUAL OCCUPATION (Give kind of work 108, KIN e during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHP	LACE (State or loreig	in country)	12. CITIZEN OF WHAT COUNTRY?	
	Housewife			VA.		USA	
13.	FATHER'S NAME		14. MOTH	ER'S MAIDEN NAM	IE	./	
	John Kerr		FAI	NNIE L	BONNE	H	
(Ye	Was Deceased Ever in U.S. Annual Forces? s,no openknown) lif yes, give wor or dates of sen	icel SECURITY NO.	17. INFORA	TANT	11	ADDRESS	
	No	21252 4130	Mr.	Thelma	HARM	AN 4418 Cladeschlet	
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	1			APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH	
	LEADING TO DEATH	AND MALEDIATE CALL	er ca	Line - pul	monary 21	ust	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis-	e.g., (A) IMMEDIATE CAU		ENCE OF:	1		
	njury ar complication which caused death.)						
H	ANTECEDENT CAUSES	m milab	le in	Makepoly	carai	on a	
17	DISEASES OR CONDITIONS, if any, g	iving DUE VO, OR AS	A CONSEQ				
	rise to the above cause (A) stating UNDERLYING CONDITION last.	(c)					
	11	(7)				***************************************	
TON	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	ING NAL					
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	1204 44	no neve (V N.)	OOD AT MAR AND		
CERTIFICATION	WAS PERFORMED	FOR WHICH OPERATION	201. 40	TOPSY? (Yes or No)		E FINDINGS CONSIDERED AUSES OF DEATH?	
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., in home, form, foclory, street, off etc.)	or obout 21	C. WHERE DID	(if In Boltim	ore City, give exoct location;	
MEDICAL	21D-TIME (Month) (Doy) (Yeo) (Hour	21E INJURY OCCURRED					
ME	OF INJURY	While At   Not While	- 1	F. HOW DID INJU	RY OCCUR?		
	(APPROXI	Work At Work					
	22. I certify that (I) (this hospital) attend		7-20		77 to 1	2-19 197	
	that (1) (we) last saw the deceased alive	an 8-19	19	ond that	t In (my) (our) of	pinion death accurred on the date	
7	ond hour and from the causes stated above	re. (1) (We) (did) (did not) vi					
Šą.	23A. SIGNATURE					238, DATE SIGNED	
	WII Bouleur	Dhur.	ding	Med. S	hys.	9,-19-72	
	23C.PHYSICIAM'S NAME (Type)	DEGREE	3D. ADDRE		nys.		
	WILLIAM B	WENELLE MO		MOH			
24#	BURIAL CREMATION, 1248, DATE 124	C. NAME of CEMETERY of CRE	MATORY	24D. LO		City, town, or county) , (State)	
-	BULLE 22 Aug 72	Druid Ridge Co		P. W.	eculle 1	Bette G Mil	
25A	DATE REC'D BY HEALTH DEVI 258. NA			NERAL DIRECTOR	, 11	D /AODRESS /	
	40620 19/2 / July 4/19	WICH PIN	BUI	egre! Fun	erel Ham	e 132/to the	
	150-REV. 1/1/68						

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BARTO. 3919 Fall Pells

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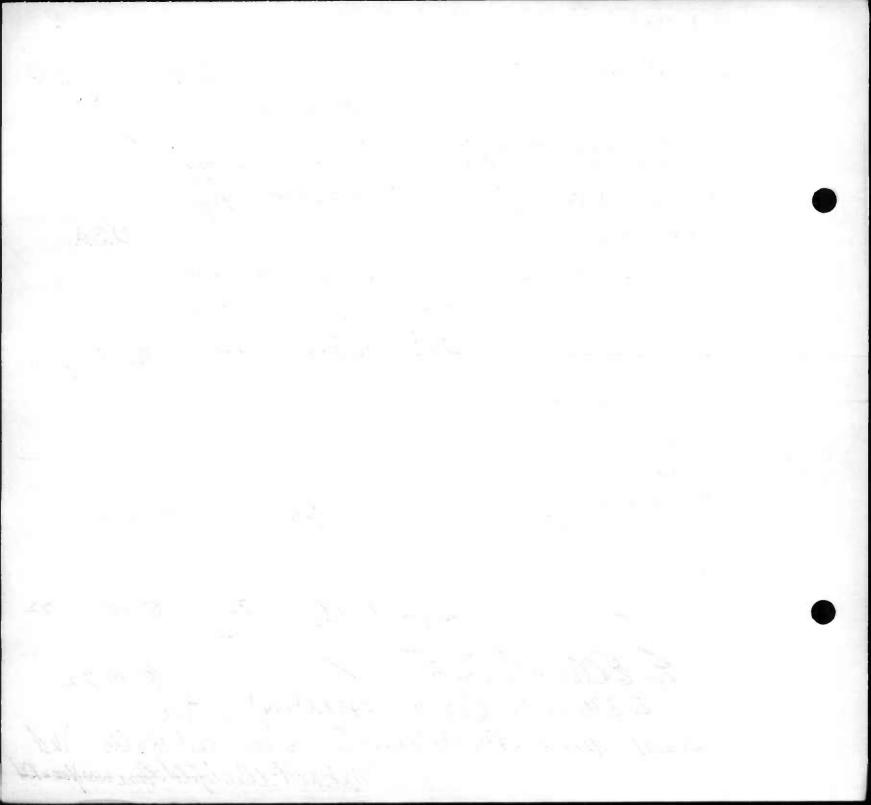
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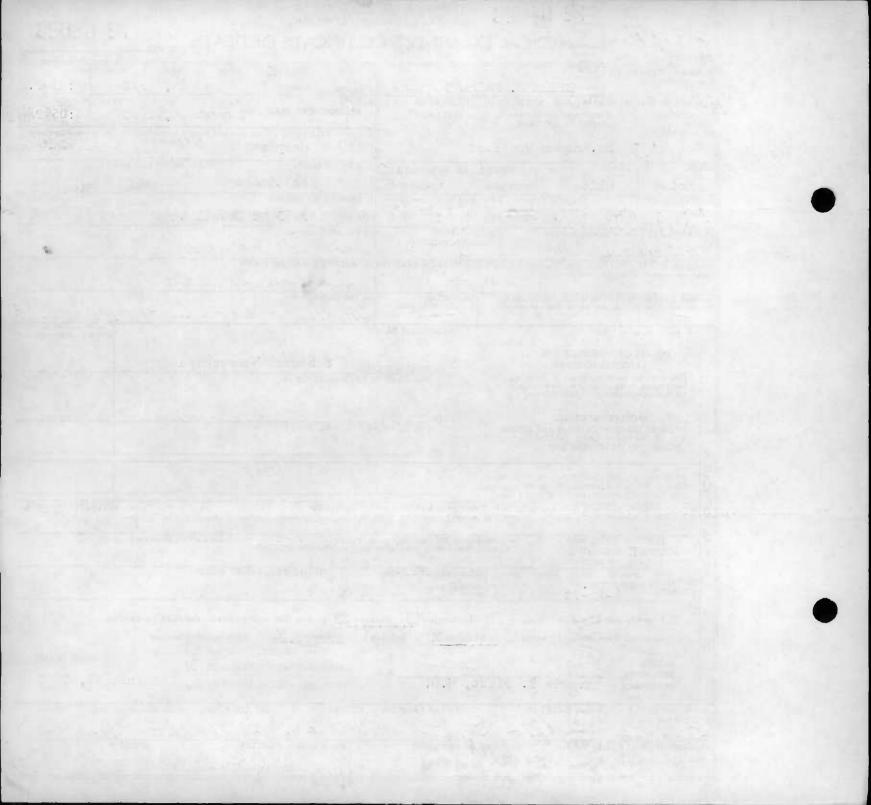
M 1.1		00001	BALTIMORE CIT	Y HEALTH	DEPARTMENT			72	0202	1
()-40C	72	08021	CERTIFICA	ATE O	F DEATH	1	3. NO.	TA MADVI	AND-DH	ALL
NAME OF DE	CEASED					AND HOUR C	E DEATH	H. WHUIT	TUTIO	January 10
Type or Print)	-	. OHL				gust 19,		1	, 45	P
. PLACE IN BA	LTIMORE MARYLAND,	-	INCED DEAD		L RESIDENCE (	Vhere deceased		itution: resider	nce before or	dmission
				A. STATI		YNUC		7	7-	78
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOS	PITAL OR INSTITU	JTION, GIVE STREET		rland or town		To INCIDI	CITY HARTS	2	()
NSTITUTION	The Wesly Ho			11	cimore			E CITY LIMITS	NO	
91)	2211 West Ro		me	100	T AND NUMBE	R		TESALA	140	
10	ELLI NODO III	8010 11101	200	11	West Ro		nue			
. SEX	6. RACE	7. MADDIED	NEVER MARRIED			9. AGE (In		If Under 1 Y	r. If Under	24 Hr
Female	White	WIDOWED			1 9, 188	. lost birthdov	}	If Under 1 Y	s Hours	Min.
			BUSINESS OR INDUSTR			1		12, CITIZEN	OF WHAT C	OUNTR
	f working life, even if retire					.orongii oooiiii,				
					land			USA		
3. FATHER'S NA	ME			14. MOT	HER'S MAIDEN	NAME				
John (	h1.			Alve	rta A.	Schaefe	r			
5. Was Decease	d Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFO	MANT			ADI	DRESS	
res, no oi unknow No	n) (If yes, give war or d	ores of Service)	212 10 3235	A The	Wesley H	ome The		same		
18. 4			CAUSE OF DEA		Mestey II	Olike Tile			PROXIMATE IN	Ten. ( )
UN DERLYIN  OTHER SIGN TO THE DEA  DISEASE OR	OR CONDITIONS, in the obove cause (A) in the	f any, giving A) slating the CONTRIBUTING OTHE TERMINAL PART 1 (A).	(B)		QUENCE OF:	No) 208. IF Y	ES, WERE FIN	NDINGS CON	NSIDERED TH?	0.0000000
OR CONTRI	ENT WAS UNDERLYING	21 B. hom etc.)	PLACE OF INJURY (e.g. e, form, factory, street,	, in or about office bldg.,	21 C. WHERE DI	O (If	In Baltimore	City, give exo	oct location)	
21D. TIME	fy medical examines) (Month) (Day) (Ye		INJURY OCCURRED		21F. HOW DID	INJURY OCCU	R?			
(APPROX.)		Whi	le At O Not Wh					,		
22 1	y that (1) (this haspi			2,8	Lu	19721		9 augu	int 10	72
			17 augs	10	172			7		
	Most saw the dece		- (1			that in (my)	(ONL) obiui	an aeoth od	corred an	the do
		toted obave. (1	) (We) (did) (did nat)	view the	ody after dea	th.				
23A. SIGNAT	John N/O	arual	DI-	tending	Med. Director	Staff Phys.		22 Qu		
23C. PHYSICI	ÁN'S Type)	/	DEGREE	23D. ADD						
	John W. Barr	naby	DEGRE	165	E. Belv	edere Av	re			
	EMATION, 248 DATE	24C. N	AME OF CEMETERY OF C		241	LOCATION	(City,	, town, or cou	unty)	(Stote)
REMOVAL		72 Wood	dlawn Cemeter	~V	150	Woodlawr	. Balt	o Co. A	Marylar	nd
	BY HEALTH DEPT.	258. NAME C		25C.	UNERAL DIREC	TOR		. 0	ADDRESS	
Buria 25A. DATE REC' AUG2	20 1			25C.	FUNERAL/DIRECTED	TOR			ADDRESS	

7/24/69 . 808 Benninghaus Rd 21212 COMPONENT US SANTUS AMERICAN DELLE STREET

A = 1	BALTIMORE CITY	HEALTH DEPARTMENT		72 08022			
0-520 72 080	CERTIFICA	TE OF DEATH	REG. NO.	OF MARYLAND-DIMI			
I.NAME OF DECEASED			D HOUR OF DEATH	OF MALESTA			
(Type or Print) BRI doe 11 00	wens	2 2011 011	8/18/	721 420			
3. PLACE IN BALTIMORE MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission)			
5.111 MAAA 65 05 05 NO 100 NO		A. STATE B. COUN	,	7711			
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARY KAND		DE CITY LIMITS?			
12_ (	*1 10		, II45I	YES W NO			
BOLTON HILL NUR.	Sing &	E. STREET AND NUMBER		TES [ NO ]			
Conuntescent Ce	wiek	14408 Gree	en way				
F 229	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in veors	If Under 1 Yr., If Under 24 His.			
Female white wipo		9-28-78	last biethdoyl	Months Doys Hours Min.			
10A, USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (State or fore)	on country	12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if retired)			g	1151			
Domest.c				U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	/				
Thomas Owens		Bridget M.	roothan				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of sen	iee) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	220-30-2701	Dolmissin	Record				
18.44.04.09	CAUSE OF DEAT	H	7720072	APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY	p. tou	- 0.		BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A) IMMEDIATE CAL	Sclerasis		Some & Marias			
IThis does not mean the mode of dying, heart failure, osthenia, etc. It means the disc	C.C. DUCTO OD AC	A CONSEQUENCE OF:	************************				
injury or complication which coused death.)	e0\$ <b>4</b> ,						
ANTECEDENT CAUSES	101						
DISEASES OR CONDITIONS, if ony,	(8) Ving DUE TO, OR AS	A CONSEQUENCE OF:					
rise to the above couse (A) slating	the			i			
UNDERLYING CONDITION lost.	(c)						
Z II							
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NG NAL						
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM OF DEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED U 21A, ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20R. IF YES WERE	INDINGS CONSIDERED			
WAS PERFORMED		1/0	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i	n or obout ETC. WHERE DID	(If In Boltimore	e City, give exact location)			
I I DEATH Instity medical examined	home, form, foctory, street, o	fiee bldg., INJURY OCCUR?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
21D. TIME (Month) (Doy) (Year) [Haur)	21E INJURY OCCURRED	215 (10) (10)					
II S lot maox.	While At   Not While	21F. HOW DID INJ	JRT OCCUR?				
[APPROX.]	Wark L At Work		**				
22. I certify that (f) (this hospital) attend	led the deceased from	1-18	922 10	8-18 1972			
that (i) (we) fost saw the deceased alive	that (1) (we) lost saw the deceased alive on 8-12 and that in (my) (aur) opinion death accurred on the date						
and hour and from the causes stated above	re. (1) (We) (did) (did not) y						
23A, SIGNATURE		Tow file body offer deoffin		23B, DATE SIGNED			
y y Olamit	( confi MD) Atte	nding Med.	Staff Phys.	8 10 30			
23C. PHYSICIAN'S	DEGREE Phy	Director L	Phys. L.J	10.12.12			
23C. PHYSICIAN'S NAME (Type)	O L LA	743/11/	1 1 1				
C-CID WOYT	( OOR DEGREE	AT) 1/V lowy	Janes In				
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRI		CATION (GI	y, lown, or equity) (Stote)			
Bueia/ 8/21/72 -	New Calkea	ral Tree	dericked	wallo mill			
25A. DATE REC'D BY HEALTH DEPTy . 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	11.111	Home GOO NORKE			
Alig23 1972 Judiens	Monday o	Mutchellal	Wildefeld	Home 6500 NORKEL			
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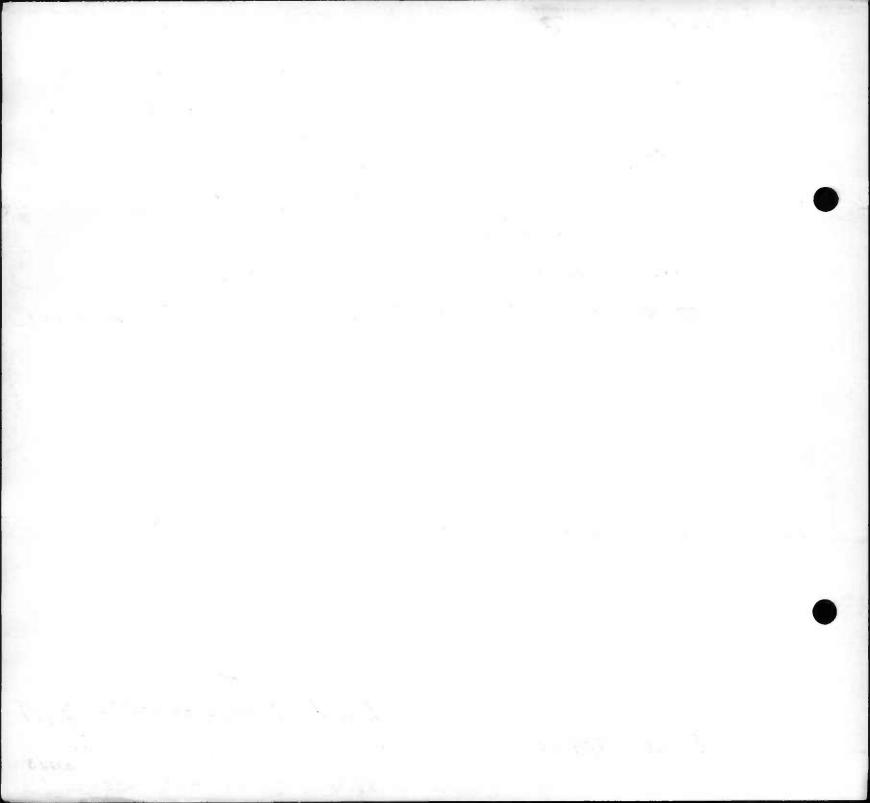
BIRTH NO.    NAME OF DECEASED (Type or Print)   Leona We1ch   Leona We1c
BIRTH NO.  1. NAME OF DECEASED (Type or Print)  Leona Welch  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION  108 S. Carlton Street  6. SEX 7. RACE Female White Windowspars  10. AGE (In years) Subject of Birth  10. AGE (In yea
Leona Weich   Leona Weich   Stimoted   Sti
Leona Welch  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  108 S. Carlton Street  6. SEX  7. RACE  B. MARRIED NEVER MARRIED NOWED DIVORCED BATTON  9. DATE OF BIRTH  10. AGE (In years lost birthday)  11. BIRTHD ACE (Stote or Joreign country)  12. CITIZEN OF WHAT COUNTRY?  14. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME ADDRESS MAIDEN NAME  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  17. SOCIAL SECURITY NO.  18. INFORMANT  19. ADDRESS MARCE INTERVAL  APPROXIMATE INTERVAL  APPROX
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION  108 S. Carlton Street  6. SEX 7. RACE White Widowed Divorced Divorced Divorced Divorced Divorced Divorced Divorced Divorced Divorced Distribution: residence before odmission)  8. COUNTY  D. INSIDE CITY LIMITS?  YES DNO  11. BIRTHE ACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.  18. INFORMANT  ADDRESS Washand APPROXIMATE INTERVA
ADDRESS OR LOCATION    ADDRESS OR LOCATION    108 S. Carlton Street   S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     A. STATE   S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     A. STATE   S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     A. STATE   S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     A. STATE   S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     A. STATE   S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     A. STATE   S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     A. STATE   S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     A. STATE   S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     A. STATE   S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     A. STATE   S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     A. STATE   S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     A. STATE   S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     A. STATE   S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     A. STATE   S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     A. STATE   S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     A. STATE   S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     A. STATE   S. USUAL RESIDENCE (Where deceased lived. If institution: residence admission)     A. USUAL RESIDENCE (Where deceased lived. If institution: residence admission)     A. USUAL RESIDENCE (Where deceased lived. If institution: residence admission)     A. USUAL
S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)   A. STATE   B. COUNTY   D. INSIDE CITY LIMITS?
108 S. Carlton Street  6. SEX  7. RACE  8. MARRIED NEVER MARRIED C. C. CITY OR TOWN  9. DATE OF BIRTH  10. AGE (In yeors lost birthdoy)  10. AGE (In yeors lost lost lost lost lost lost lost los
female white widowed Divorced Dalling YES NO DIVORCED TO STREET AND NUMBER  9. DATE OF BIRTH Sost birthdoy) Wonths, Doys, Hours, Min. 108 S. Carlton St.  11. BIRTHE ACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?  14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME COUNTRY WHAT COUNTRY?  16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. SECU
9. DATE OF BIRTH  10. AGE (In years of Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER  10st birthdoy)  10st birthdoy)  10st birthdoy)  11. BIRTHE ACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHERS NAME  WHAT COUNTRY?  14A. USUAL DCCUPATION (Give kind of work 148, KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME  done during most of working life, even if retired)  11b. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  11c. CAUSE OF DEATE  CAUSE OF DEATE  APPROXIMATE INTERVA
11. BIRTHELACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  WHAT COUNTRY?  14A. USUAL DCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME  done during most of working life, even if retired)  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unknown) (If yes, give wor or dotes of service)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unknown) (If yes, give wor or dotes of service)  17. SOCIAL  SECURITY NO.  18. INFORMANT  ADDRESS Nagralmon  CAUSE OF DEATE
111. BIRTHE ACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  WHAT COUNTRY?  144. USUAL DCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME  done during most of working life, even if retired)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unknown) (If yes, give wor or dotes of service)  17. SOCIAL  SECURITY NO.  18. INFORMANT  ADDRESS NAME  OA  APPROXIMATE INTERVA
THALUSUAL DCCUPATION (Give kind of work 148, KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME  done during most of working life, even if retired)  Lietory  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unknown) (If yes, give wor or doles of service)  17. SOCIAL  SECURITY NO.  18. INFORMANT  ADDRESS NAMED FORCES?  APPROXIMATE INTERVALOR  OA  APPROXIMATE INTERVALOR  APPROXI
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME  done during most of working life, even if retired)  Lie Total  16. WAS DECEASED EVER IN U.S. ARMED FORCES? 177. SOCIAL  (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.  19. CAUSE OF DEATE  APPROXIMATE INTERVAL
done durifig most of working life, even if retired)  Security  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unknown) (If yes, give wor or dotes of service)  17. SOCIAL  SECURITY NO.  SEC
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.  18. INFORMANT ADDRESS Wyldman Cause of Service)  19. Very Cause of Death Service of Servic
241-22-1618 Jesse, Welch 8815 Delphine Rd. Oa
19. A PPROXIMATE INTERVA
BETWEEN ONSET AND DE
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A) IMMEDIATE CAUSE Arteriosclerotic cardio-
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, vascular disease
injury or complication which coused death.)
ANTECEDENT CAUSES (B)
DISEASES OR CONDITIONS, IF ANY, GIVING  RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO, OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No.)
DISEASE OR CONDITION GIVEN IN PART 1 (A).
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.
home from fostery stood office bldg etc.) INITIPY OCCUPS
UNDERLYING OCCUR?  UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.1NJURY OCCURRED 22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE T
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resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER K
resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER X  DATE SIGNED  ACTUAL  ACTUAL  ACTUAL  ACTUAL  DATE SIGNED
resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER X  DATE SIGNED  ACTUAL  SIGNATURE  M.D.  ASSISTANT MEDICAL EXAMINER 8-21-72
resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER X  DATE SIGNED  SIGNATURE  EXAMINER'S Russell S. Fisher, M.D.  ASSOCIATE MEDICAL EXAMINER  8-21-72  ASSOCIATE MEDICAL EXAMINER
resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER X  ACTUAL SIGNATURE EXAMINER'S Russell S. Fisher, M.D.  ASSOCIATE MEDICAL EXAMINER  8-21-72  ASSOCIATE MEDICAL EXAMINER
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resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER X  DATE SIGNED  ASSISTANT MEDICAL EXAMINER 8-21-72  EXAMINER'S Russell S. Fisher, M.D.  NAME (Type)  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY or CREMATORY   24D. LOCATION (City, town, or county) (Stote)
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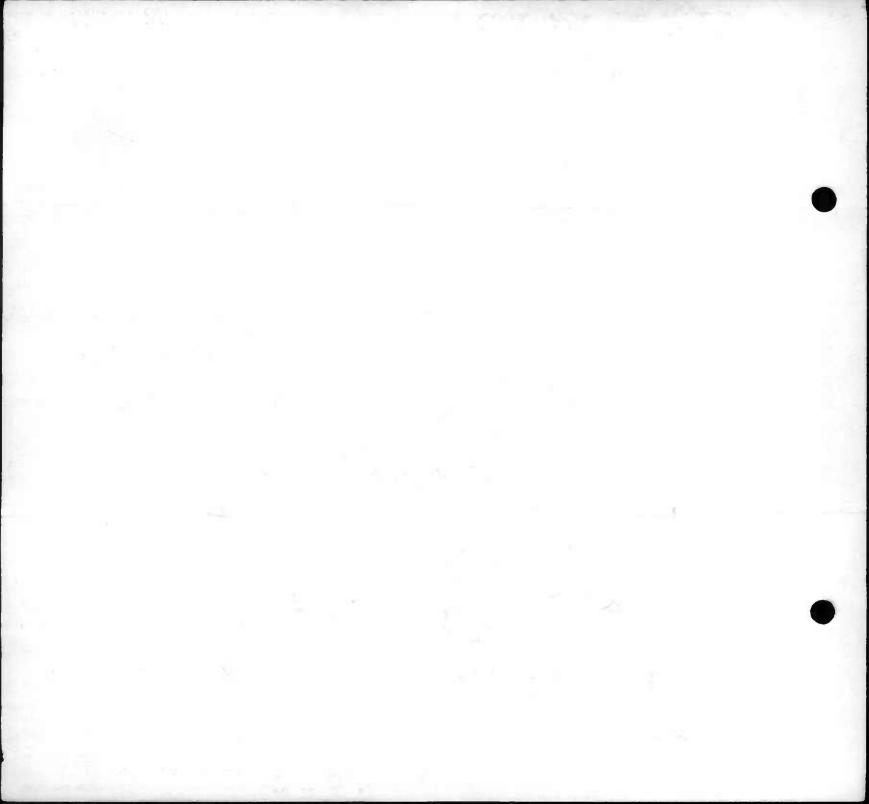
A BALTIMORE CU	TV HEALTH DEPARTMENT	
H-352 72 08025 CERTIFICA	ATE OF DEATH REG. NO. 72	08025
BIRTH NO.	ATE OF DEATH STATE OF	MARY LAND - DEIME
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	./.7
JAKE T. ADAMS	AUGUST 21,1972	1 4:30 A
3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution	n: residence belare admission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	BALTIMORE, MARYLAN	10 1700
INSTITUTION BON SECOURS HOSPITAL	C. CITY OR TOWN D. INSIDE CITY	
2025 W. FAYETTE ST.	BALTIMORE YES	₽ NO □
BALTIMORE MARYLAND 2122	E. STREET AND NUMBER  3 2/2 5, CAREY ST.	- 21233
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Month	nder 1 Yr. II Under 24 H hsi Days Hours Min.
10A. USUAL OCCUPATION (Give kind al work 10B. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country) 12.0	TIZEN OF WHAT COUNT
CONSTRUCTION HELPER Const. Co.		U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Habe adorus	hora adamsi	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
(Yes, no of unknown) Uf yes, give wor of doles of service! SECURITY NO.	B. 160 300 0	1.
1887 CAUSE OF DEA	Heart Viding - Il I trans	APPROXIMATE INTERVA
DISEASE OF CONDITION DIRECTLY	,	BETWEEN ONSET AND DE
LEADING TO DEATH	Photo bon E. //	
1This does not mean the made of dying, e.g., (A) IMMEDIATE CA	AUSE Billding from Esophagen vericus	2 / month
healt failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	an consequence of:	
ANTECEDENT CAUSES	P-1. 1-	
	Carlotis of hour	years
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:	/
UNDERLYING CONDITION last, (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Blucking from Eso.	20A. AUTOPSY? (Yes or No. 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED
E 1/11/12		
OR CONTRIBUTION OF	in or about 21C. WHERE DID (It in Boltimore City, a office bidge, INJURY OCCUR?	give exact location)
DEATH (notify medical examiner)etc.)		
DEATH (notify medicol examiner)  21D.TIME (Month) (Doy) (Year) (Hour)  OF INJURY  White At The Not White At	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not Whi	ile 🔲	
22. 1 certify that (1) (this hospital) attended the deceased from		2/ 1071
that (1) (we) last sow the deceosed clive on		19/2
	19 72 and that In(my) (our) apinion de	eoth occurred on the d
ond have and from the causes stoted obove. (1) (We) (did) (did not)		
		ATE SIGNED
OFGREE Phy		8/21/74
23C. PHYSICIAN'S NAME (Type) CHAI HAW	23D. ADDRESS	
O((r)) (in).	Don Serous Hosk 2025	W. Fragette
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	REMATORY 24D. LOCATION (City, town,	ar county (State)
REMOVAL (Specify) 8/24/71 920. V -	6. 910 D	7
25A. DATE REC'D BY HEALTH DEPT. / 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	THE MIST A
AUG 23 1972 They to how on		JADOKESS 3/22
	Many. Cow- 1 Am Ju. 901	Spaller It
/S 150-REV- 1/1/68		7 4 7 77 11.



## IMPORTANT FUNERAL DIRECTOR:

72 08026 and (4) Undetermined cause; (5) Deceased Such cause of death on the I. NAME OF DECEASED (Type at Print) a hospital death. 3. PLACE IN BALTIMORE MARYLAND. WHERE PRONOUNCE attendance FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION) 0 = sased prior is made. if the direct or contributing occurred in regular deceased WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN death disposition done during mest of werking life, even if retired) Was the 13. FATHER'S NAME uida or his assistant death regular attendance on 15. Was Deceased Ever in U. S. Armed Forces? (Yes, ne et unknewn) (If yes, give war at detes of service) shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; 6. SC embalmed or final SE at a hospital (except where the physician who pronounced 18. Also, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., the chief medical examiner heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.) by a medical examiner. ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving eceased prior to death); and (6) No physician was in rise to the above cause (A) stating the must be obtained before the remains UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198 CONDITION FOR WHICH 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLAC home, form the body was released to the hospital MEDICAL elc.) approved by 21D. TIME OF INJURY (Manth) (Dey) (Year) (Haud) 21E INJUI While At (APPROX) Wark 22. I certify that ( this hospital) attended the dec that (1) (we) last saw the deceased alive on, certificate must be and have and from the causes stated above. (1) 23A. SIGNATUR deceased prior to written approval 23C. PHYSICIAN'S NAME (Type) D.O.A. 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of edar Was 258 NAME OF REG VS 150-REV. 1/1/68

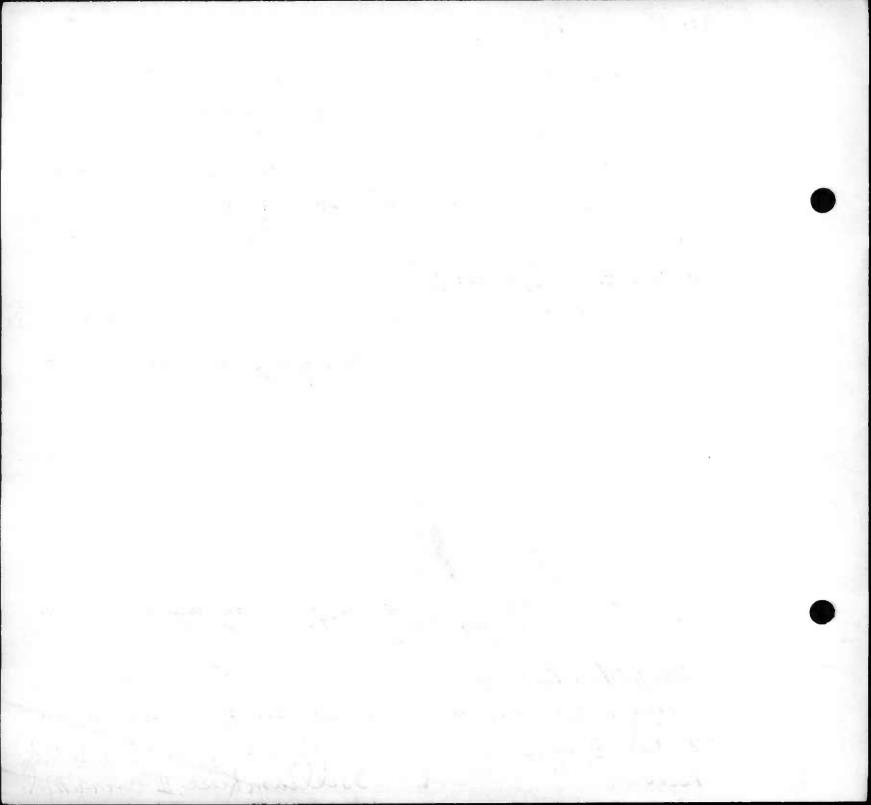
DALTIMORE CITY	HEAD ARTMENT 72 08026
CERTIFICA	TE OF DEATH REG. NO. STATE OF MARYLAND-DHAM
	2. DATE AND HOUR OF DEATH
la	8-20-72 5-50
DEAD	4. USUAL RESIDENCE (Where deceesed lived, If institution: residence before admission) A. STATE B. COUNTY
GIVE STREET	MARYland 1207
	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	E STREET AND NUMBER
Misnike	26/9 Huntingdon Ave.
1000	
DIVORCED	8. DATE OF BIRTH  9. AGE (in yeers If Under 1 Yr., If Under 24 Hrs. Months Deys Hours Min.
HESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	md. U.S.A.
	14. MOTHER'S MAIDEN NAME
	9110 Prince barel
CIAL	6/12 Couna bough  17. INFORMANT ADDRESS
CURITY NO.	AL 2004 (AL)
2-16-23/3	Chart 2724NCharlessT
CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Corelle	warring leeshing 1400 to
(A) IMMEDIATE CAUS	CONSEQUENCE OF:
	A A A A A A A A A A A A A A A A A A A
allens	elevotic Controvosculor Leads
DUE TO, OR AS	A CONSEQUENCE OF:
(c)	***************************************
with Der	hele Hellitus
m / 1	The state of the s
OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	y we les
OF INJURY (e.g., in factory, street, offi	or about 21 C. WHERE DID (If in Baltimare City, give exect lecetion) ce bldg., INJURY OCCUR?
rone	
LY OCCURRED	21F. HOW DID INJURY OCCUR?
Net While	
eased fram	aug 13 1972 to aug 20 1912
aug 20	19 72 and that is (my) (aur) apinion death accurred an the date
( (d) did not) vi	ew the bady after death.
n / 1	23R, DATE SIGNED
DEGREE Phys.	Director L Phys. L
	AC. RA CL. C. C. ST.
DEGREE	North Charles General Hospottel.
CEMETERY OF CREA	MATORY 24D. LOCATION (City, lewn, or county) (Stete)
ill (emete	ny Ritchie Hyway Balto 21225
STRAR	Mc uly 237 Patapsco Ave Balto 21225
Jan J	Mayelly 23/ Patapsco Ave Palto 21225



(Stote)

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/6B



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disnocition is made. FUNERAL DIRECTOR: IMPORTANT

111-00	8 12	08028 BALTIMORE CIT	Y HEALTH DEPARTMENT	1	72 (18020
M.E. CASE NO.		CERTIFICA	ATE OF DEATH	Registered No	72 08028
NAME OF DE				ID HOUR OF DEAT	H GP MARKET MARKS
	ROSE		alle	just 21,10	172 3 30 A N institution: residence before odmission
FULL NAME	OF (If not in haspital	ryLAND or institution, give street	A. STATE B. COUN	D. C.	institution: residence before admission
HOSPITAL OR	address or location	n)	C. CITY OR TOWN (If ou		e RURAL and give township)
ERII	FICATE	AMENDED-	BALTIMOR	Mergiitti	gton
EDGEWO	OD NURSING HOL	12/12	BDGEWOOD	NURSING H	501 Connecticut Ave
FEMALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	July 10, 1889	9. AGE (In years last birthday) 83	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	CUPATION (Give kind of work f working life, even if relired)	108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEW	IFE	AT HOME	NEW YORK, NEW	YORK	USA
3. FATHER'S NA			14. MOTHER'S MAIDEN NA	ME	
SIMON	SCHWARTZ	4.147	ESTHER BAUM	OHL	
5. Was Decease les, no ar unknow NO	d Ever in U. S. Armed For n) (If yes, give war or date	16. SOCIAL SECURITY NO.	17. INFORMANT BERNARD DANZANS	KY & SON, I	501 - 14th STREET,N WASHINGTON,D.C.2001
1B. 4/	0.71	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY	- 4	- 1	ONSET AND DEATH
(This does	LEADING TO DEATH	& a	ente My ocarlin	Infarition	~ Ihr
heart failure	, asthenia, etc. II means	the disease.		/	
injury or co	mplication which caused	death.)			
	ANTEGEDENT CAUSES	(8) 0	SCUD.		yours
	ANTECEDENT CAUSES	DUE TO	scup		yours
DISEASES	OR CONDITIONS, if	any, giving	SCUD		yours
DISEASES		any, giving	SCUD		yours
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6000 Belling One

9/29/72 - Letter from Seymour, S. Mintz, Esquire and Individual Income Tax Return, District of Columbia. Year 1971.

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BALTIMORE CITY HEALTH DEPARTMENT 72 08029 CERTIFICATE OF DEATH REG. NO. t if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased Such BIRTH NO. STATE I.NAME OF DECEASED 2. DATE AND HOUR OF DEATH no (Type or Print) 8 9 UT 3. PLACE IN BALTIMORE, MARYLAND, WHERE PHONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) ance B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN attend 0 D. INSIDE CITY LIMITS? YE 5 prior E. STREET AND NUMBER 3 regular 9. AGE (In years MARRIED NEVER MARRIED if Under 1 Yr. Months! Doys deceased lost birthdoy WIDOWED DIVORCED 0 OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote at foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition = denduring most of working life, even if retired) Sychial M ds the 13. FATHER'S NAME 4. MOTHER'S MALDEN NAME direct 1000 assistant death LO kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL SECURITY NO. final attendance 065-38-4232 m w I any pronounced CAUSE OF DEATH OF DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heast failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF: (3) A are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sloting the 2 physician UNDERLYING CONDITION last. remains (C)\_. Was burns; П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Body the 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED the 20A. AUTOPSYLIVES & No. 208, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 8/18 Occumin before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exect lacation) to the hospital °Z MEDICAL DEATH Inotily medical exemined any nature; obtained (Month) (Doy) (Year) (Hour) 9 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved (except Not While While At (APPROX) and At Work 22. I certify that (1) (this hospital) attended the deceased from 1977 death); that (1) (we) lost sow the deceased olive an. pe and that Ia(my) (our) apinion death accurred on the date of hospital was released and haur and from the causes stated above (1) (Well (did ) (did not) view the body after death. must accident 23A. SIGNATURE 23B, DATE SIGNED 40 Attending Med. Directar written approval Phys. 8 23C. PHYSICIAM'S MAME (Type) prior 23D. ADDRESS at An D.O.A. DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) deceased DATE 248, 24C. NAME of CEMETERY OF CREMATORY he body 24D. LOCATION (City, town, or county anz AUG 23 1972 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68

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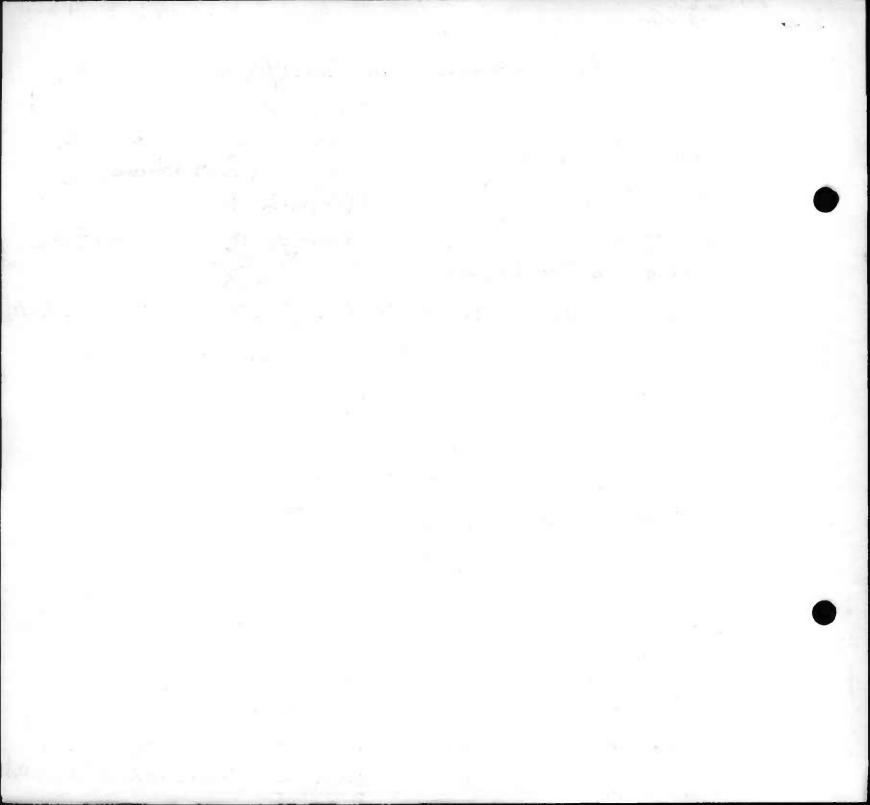
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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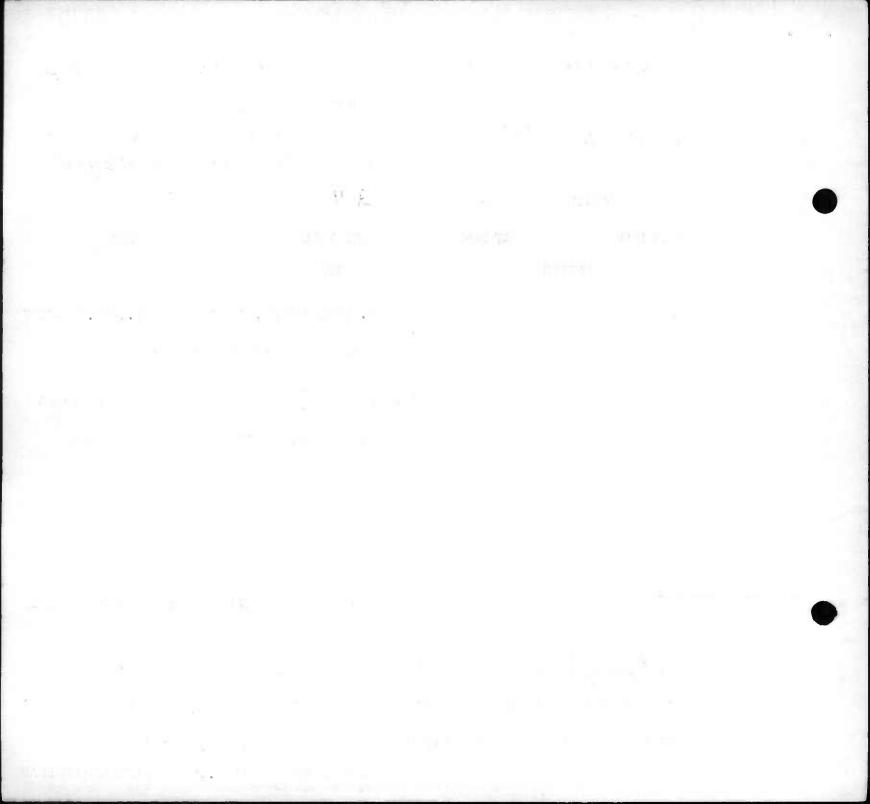


## IMPORTAN FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT 72 08030 72 08030 2. DATE AND HOUR OF DEATH CERTIFICATE OF DEATH Deceased Such and of death BIRTH NO. I. NAME OF DECEASED (Type or Print) E O KAPLAM a hospital 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. Il institution; residence belore admission)
A. STATE & COUNTY ance (2) COUSE BALTIMORE MI FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN (4) Undetermined cause; attend 0 D. INSIDE CITY LIMITS? BALTIMORE YES 🕎 NO prior contributing E. STREET AND NUMBER 2500 W. Belvedore Ave occurred OF 5. SEX 6. RACE mag 8. DATE OF BIRTH 9. AGE (In years lost birthday) MARRIED NEVER MARRIED Il Under 1 Yr. Months! Doys in regul deceased Hours WIDOWED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of loreign country) 12. CITIZEN OF WHAT COUNTRY? death isposition done during most of working life, even if retired) HOUSEIWFE AT HOME NEW YORK USA MOS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME \*\* HURDES IDA eath 0 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown! (II yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance Ö MR. LEON KAPLAN, 2 WEST BEND CT., APT. A #21207 any pronounced 0 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY fracture of embalmed RESPIRATORY AVEST LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, osthenio, etc. It meons the diseose, regular injury or complication which coused death.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the physician UNDERLYING CONDITION lost remains a medical An accident of any nature; (2) Body burns; No physician was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the the 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (II in Baltimore City, give exact lacation) the body was released to the hospital MEDICAL DEATH (notify medical examined) obtained 21 D. TIME OF INJURY (Month! (Doyl (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except Not While While At (APPROX.) and At Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on. and that in (my) (our) opinion death accurred on the date hospital death) ond hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. must 23A. SIGNATUS Attending 0 approval ō 23C. PHYSICIAN'S prior 23D. ADDRESS t o D.O.A. 24A. BURIAL CREMATION, REMOVAL (Specify) deceased 24B, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) written BURIAL 8/20/72 SHAAREI TFILOH BALTIMORE, MARYLAND 25AL DATE REC'D BY HEALTH DEPT. 25B. NAME OF RESISTEAT 25C. FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68

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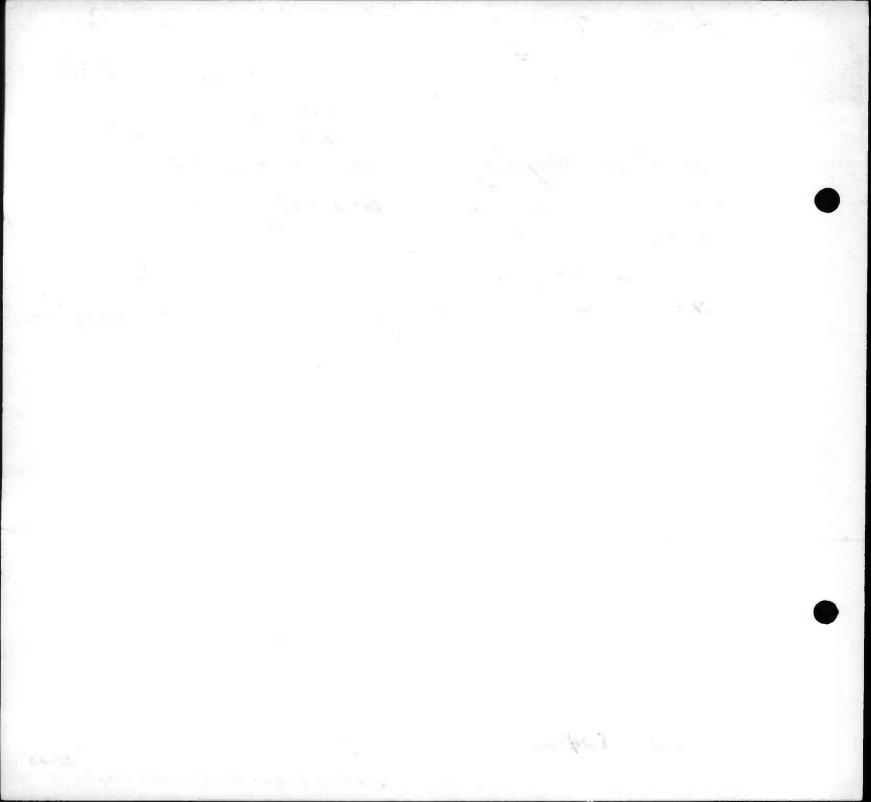
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BALTIMORE CITY HEALTH DEPARTMENT 72 08032 CERTIFICATE OF DEATH REG. NO. BIRTH NO. Suci I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) eath. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 7 C. CITY OR TOWN 0 D. INSIDE CITY LIMITS? YES -NO prior STREET AND NUMBER 21229 mad 5. SEX 6. RACE 9. AGE (In years last birthday) deceased MARRIED NEVER MARRIED B. DATE OF BIRTH If Under 1 Ys., If Under 24 Hrs. Manths! Days Hours Min. WIDOWED DIVORCED disposition is 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY IT. BIRTHPLACE IState 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) m the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ano 00 17. INFORMANT 15. Was Deceased fee in U. S. Armed Editors? (Yes, no or unknown) dif yes, give wor at doles al service) 6. SOCIAL SECURITY NO. ADDRESS final attendance 0 18. 0 CAUSE OF DEAT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE M To Cardial (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) OF regu ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any, giving la the above couse (A) stoling the C the remains UNDERLYING CONDITION last. Mas 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 199A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY le.g., in or obout 21 C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL °Z DEATH (natify medical examined) obtained 21 D. TIME OF INJURY (except w (Manth) IDoy) (Year) (Houd 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX) 22. I certify that (I) (this hospital) attended the deceased from 1972 to 8-21 death); pe that (I) (we) last saw the deceased alive an -21 19 72 and that in (my) (our) apinian death accurred an the date must and haur and from the causes stated above. (i) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending M-1) Med. Staff 8-21-72 approval Phys. Director 23C.PHYSICIAN'S NAME (Type) prior 23D. ADDRESS Theran DEGREE 24A. BURIAL CREMATION. 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) decease 25A. DATE REC'D BY HEALTH DEP FUNERAL DIRECTOR ADDRESS Q1223 VS 150-REV. 1/1/68 300

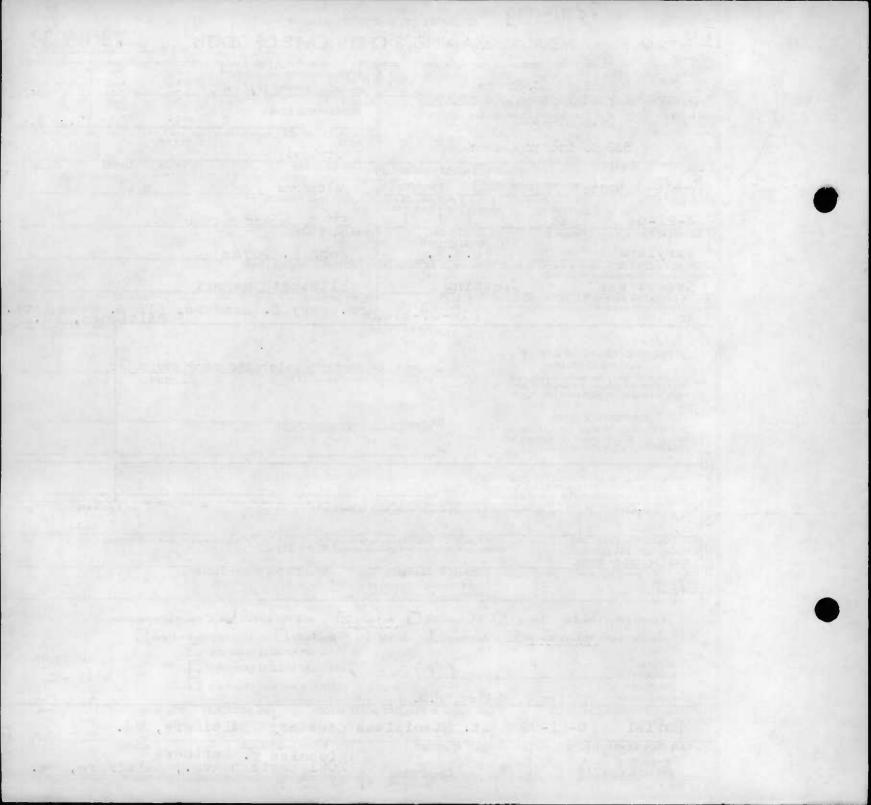


8-21-72 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR VS 151-REV. 1/1/68

Baltimore. Md.

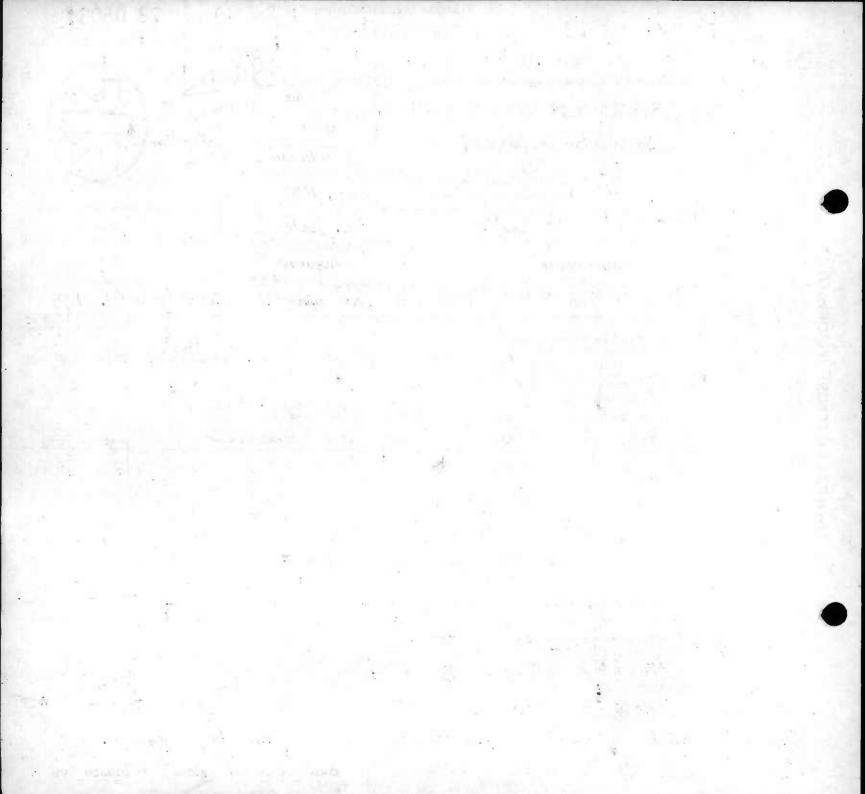
25C, FUNERAL DIRECTOR

Nicholas T. Matthews 3021 Eastern Ave., Baltimore, Md.



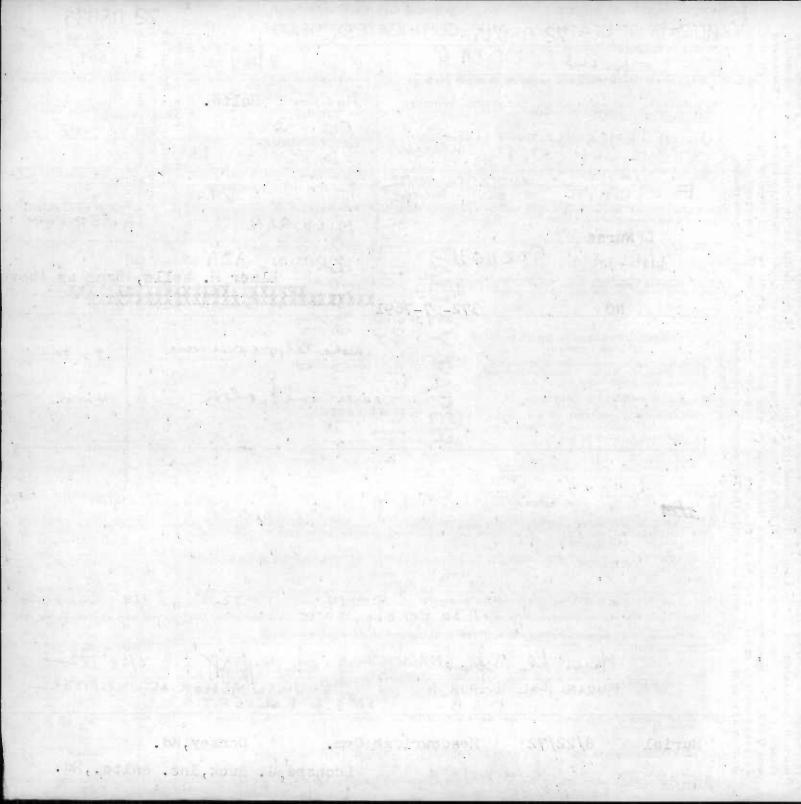
This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such such and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

0 ->>	BALTIMORE CITY	HEALTH DEPARTMENT		72 08034
72 08034	CERTIFICA	TE OF DEATH	REG. NO.	20 444 BARR 1 1990 PATTERY
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F White WIDOWED X	DIVORCED	May 5, 1890	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Ida, USUAL OCCUPATION (Give kind of work 108, KIND OF BU done during most of working life, even if retired)  Housewif		New. Jersey	gn country)	12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME Seorge Rouse		14. MOTHER'S MAIDEN NAM	ΛE	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	15 74 5953	17. INFORMANT Erma Rainey 310	6 14th The	Balto II d. 21225
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23A. SIGNATURE  Manojr Geda,  23C. PHYSICIAN'S NAME (Type)	OEGREE PRY	ending Med. Director 23D. ADDRESS	Shoff Phys.	23B. DATE SIGNEDY 8/22/72
INAINE Tryper		10 0	= Here 11	4. 111 1111 200
MARIO T. REDA M 24A. BURIAL CREMATION, 24B. DATE 24C. NAMI REMOVAL (Specify) 8/23/72 Mean	O OEGREE E OI CEMETERY OF CRI downidge (em		. 01 . 0	City. town, or county) (State

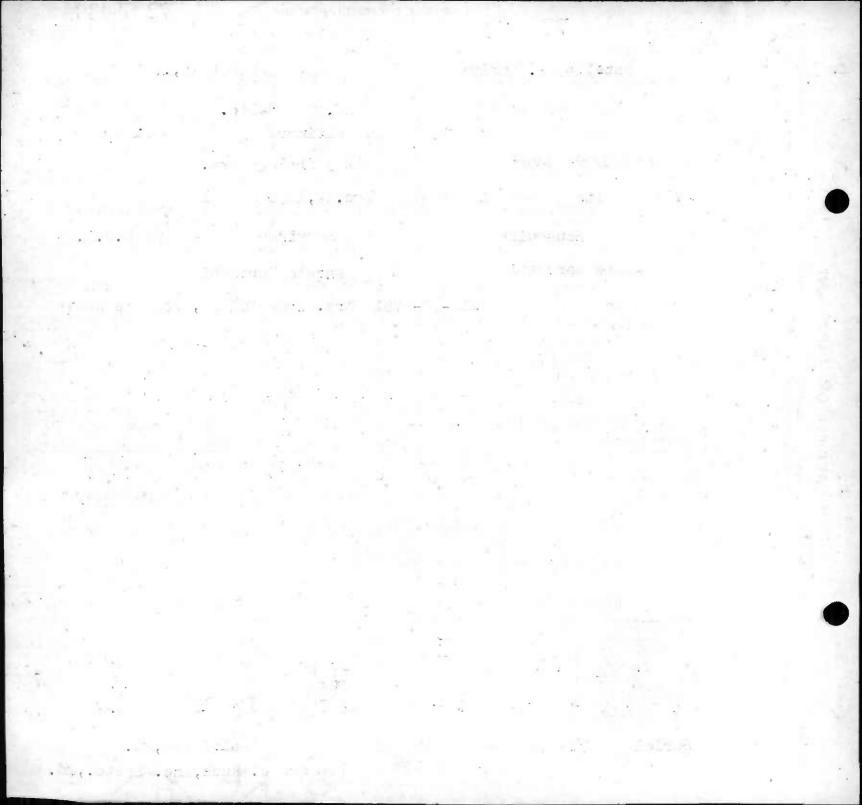


FUNERAL DIRECTOR: IMPORTANT

111)	(4)	BALTIMORE CITY	HEALTH DEPARTMENT		72 00025
BIRTH I	72 08	035 CERTIFICA	TE OF DEATH	REG. NO.	OF MARYLAND-DHMH
1. NAM (Type o	Print) WELLS, L	EOTA G.	811	3 / /	1,05 P.M.
3. PLA	CE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCEO OEAO	4. USUAL RESIDENCE (Where A. STATE B. COUN		titution: residence before odmission)
HOSP11	NAME OF (IF NOT IN HOSPITAL OR II	ASTITUTION, GIVE STREET	MARYLAND E	Balto.	E CITY LIMITS?
INSTITU		DITAL.	GLEN BUR	SVIC	YES NOW
UN 3	JON MEMORIAL HOS JRD & CALVERT S	T. BALTIMORE	E. STREET AND NUMBER	LIS DRIVE	
S. SEX		RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
1	WHITE WIDO	WED DIVORCED	7-11-1113	59	Months Doys Hours Min.
	UAL OCCUPATION (Give kind of work 10B, KIN ring most of working life, even if retired)  LPNurse	D OF BOSINESS OF INDUSTRA	MICHIGAN		AMERICAN
13. FAT	HER'S NAME	1201	14. MOTHER'S MAIDEN NAM	ME A	
	WILLIAM YOK	LDON	BROWN	HDH	
	Deceased Ever in U. S. Armed Forces? or unknown) (If yes, give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT TA	ner M. Well	ls, Sams as Abov
110	NO	372-07-7691			APPROXIMATE INTERVAL
16.	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	/ANDAMA EDIATE CALL	SE melastatie (	carcinone	4 metans
he	nis daes nat meon the mode of dying, art failure, asthenia, etc. It means the dis ury ar camplication which caused death.)	DUE TO, OR AS	CONSEQUENCE OF:	•••••	
	ANTECEDENT CAUSES		carcinoma c	olon	4 mos
DI	SEASES OR CONDITIONS, if any, g	(B)	A CONSEQUENCE OF:		
ris	e ta the obave couse (A) slating NDERLYING CONDITION last.			***************************************	
<b> </b>   10	II  HER SIGNIFICANT CONDITIONS CONTRIBUT  THE DEATH BUT NOT RELATED TO THE TERMINESEASE OR CONDITION GIVEN IN PART 1 (A).				
ERTIFICA 61	A DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21/	A. A CCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Bottimore	City, give exoct tocotion
211	D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
< 0	INJURY PPROX.)	White At Not While At Work			
22	. I certify that (1) (this haspital) atten			19.72 to 8	118 1972.
	at (I) (we) last saw the deceased alive				·
			or the state of th	at many (abi) apin	adii dediii decoired dii iile dale
	A SIGNATURE	ve. (I) (We) (did) (did-not) v	lew the bady after death.		238. DATE SIGNED
234	Muran hel	Byp in MABS Atte	nding Med.	Staff Phys.	8/18/72
230	NAME (Type) MURARI LAL	M. B. B.	33R) & CAL	MEMORIA VERT ST	L HOSPITAL
24A. B	URIAL CREMATION, 248. DATE 2 EMOVAL (Specify)	4C. NAME of CEMETERY OF CRI	MATORY 24D. L	OCATION (City	y, town, or county) (State)
B	urial 8/22/72	Meadowridge	e Cem.	Dorsey, Md	ADDRESS
	-00 1070 A: 1,011 /a	mortons			Balto., Md.
Vertico	Gev. 4/1/08/12		17 5 6		



	1/ 1		HEALTH DEPARTMENT	72 08036
BIR	K-420 72 08	036 CERTIFICA	TE OF DEATH REG. NO.	ATE OF MARYLAND-DHMH
	NAME OF DECEASED		2, DATE AND HOUR OF DE	ATH
(1y)	Estelle A.	Kalus	August 19	9.1972 M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where deceased lived.	If institution: residence before admission)
			A. STATE B. COUNTY	3643
FU	ILL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Md Balto.	00700
IN:	OSPITAL OR ADDRESS OR LOCATION)		C. CITY OF TOWN	INSIDE CITY LIMITS?
1	10		Baltimore	YES NO
-			E. STREET AND NUMBER	
	4203 Sheldon Ave		4203 Sheldon Ave.	
5 6			8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	man	RIED NEVER MARRIED	lost birthday)	Months Doys Hours Min.
		WED L DIVORCED	Dec.12,1890 81	
	LUSUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
don	ne during most of working life, even if retired)		Manualand	II C A
3.0	Housewif	e	Maryland	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	James Barsotti		Angela Fureschi	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Ye	(If yes, give wor or dotes of services)	security No. 216-56-979	Mrs. Irma Mullin,	Same as Above
_	18. /// 7	CAUSE OF DEAT	HA A	APPROXIMATE INTERVAL
	7/202		11 A CHAN	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		I man let heart to	lure 1 No.18
		(A) IMMEDIATE CAL		10093
	(This does not mean the made of dying, heart failure, asthenia, etc. 11 means the dis		A CONSEQUENCE OF	2
	injury or camplication which caused death.)	-11	1 . ( 1 . ) / /	
	ANTECEDENT CAUSES	Hanal	Transfel Ax der lacute	ultrease 20 min.
		(B) / Y / CC	100010 C00000 1 10000	- year
		iving DUE 10/ OR A5	A CONSEQUENCE OF:	
	rise to the abave cause (A) stating UNDERLYING CONDITION last.	(C)		
	5.0	771	1) // 1/2	
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	ING / YIF	1 VI T	3 / 1
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUT		e ( ) resely.	Julais.
A	DISEASE OR CONDITION GIVEN IN PART I (A).		120 A ALIENAYA (V. A. M. M. A.	
ERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B. IF YES, W	FERE FINDINGS CONSIDERED CAUSES OF DEATH?
RT	0			V
CE	21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If In Ba	Itimore City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, form, factory, street, o	mice bidg., INJURT OCCUR?	
O				
_	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	$\wedge$
EDI	OF INTIUSY			/
MEDI	OF INJURY	While At Not Whi		
LLI.	OF INJURY (APPROX.)	While At Work  Not While At Work	F) 140 1	1, 6,0 4
LLI	OF INJURY (APPROX.)	Work At Work		Lugue 19 19 72
LLI	(APPROX.)  22. I certify that (I) (this haspital) attended.	Work At Work	19 # to	tugue / 9 19 72
LLI	(APPROX.)  22. I certify that (I) (this haspital) attended that (I) (yes) lest sow the deceased alive	Work At Work  ded the deceased from from from from from from from from	19 15 and that in (my) (corr)	tugus / 9 19 72
LLI.	(APPROX.)  22. I certify that (I) (this haspital) attended.	Work At Work  ded the deceased from from from from from from from from	19 15 and that in (my) (corr)	tugus 19 19 72
LLI	(APPROX.)  22. I certify that (I) (this haspital) attended that (I) (yes) lest sow the deceased alive	Work At Work  ded the deceased from from from from from from from from	19 15 and that in (my) (corr)	opinion death occurred on the date
LLI	OF INJURY (APPROX.)  22. I certify that (1) (shis haspitel) attended to the course stated about 1 on the course state	work  ded the deceased from on  ve. (1) (We) (dig) (did not)	19 / to (19 / to (19 / 19 / 20 and that in (my) (corr) view the body after death.	
LLI	OF INJURY (APPROX.)  22. I certify that (I) (shis haspital) attended that (I) (shis haspital) attended that (I) (shis haspital) attended and have and from the causes stared about 23A. SIGNATURE	work  ded the deceased from on  ve. (1) (We) (dig) (did not)  DEGREE  Attwork  At Work  DEGREE  Attwork  Attwor	19 / to 19 / to 19 / to 20 and that in (my) (correction to the body after death.  21	
LLI	OF INJURY (APPROX.)  22. I certify that (1) (shis haspitel) attended to the course stated about 1 on the course state	work  ded the deceased from on  ve. (1) (We) (dig) (did not)  DEGREE  Attwork  At Work  DEGREE  Attwork  Attwor	19 / to (19 / to (19 / 19 / 20 and that in (my) (corr) view the body after death.	
LLI	OF INJURY (APPROX.)  22. I certify that (1) (this haspital) attend that (1) (this haspital) attend that (1) (this haspital) attend and hour and from the causes stated about 23A. SIGNATURE	work  ded the deceased from on  ve. (1) (We) (dig) (did not)  DEGREE  Attwork  At Work  DEGREE  Attwork  Attwor	19 / to 19 / to 19 / to 20 and that in (my) (correction to the body after death.  21	
ME	OF INJURY (APPROX.)  22. I certify that (1) (this haspitel) attend that (1) (this haspitel) attend that (1) (this haspitel) attend that (1) (this haspitel) attended and hour and from the causes stated about 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  M. F. L. V. N. F.	work  ded the deceased from on  ve. (1) (We) (dir) (did not)  DEGREE  DEGREE	yiew the body after deoth.  23D. ADDRESS  3603  BFLAIR	ROAD  ROAD
ME	of INJURY (APPROX.)  22. I certify that (1) (this haspitel) attend that (1) (see) lest sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  M. F. L. V. N. F. P.	work  ded the deceased from on  ve. (1) (We) (dir) (did not)  DEGREE  DEGREE	yiew the body after deoth.    19   12   and that in (my) (corr)   23D, ADDRESS   3603   BFLAIR	
ME	22. I certify that (I) (this haspital) attended that (I) (this haspital) attended that (I) (this haspital) attended and hour and from the causes stated about 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE  REMOVAL ISpecify) 24B. DATE	work  At Work  ded the deceased from  on  ve. (1) (We) (did not)  DEGREE  Ath  DEGREE  AC. NAME of CEMETERY of CR	19 / to  20 and thot in(my) (corr)  21 price of the state of	ROAD (City, town, or county) (Stote)
3W	of INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) lest sow the deceased alive and hour and from the couses stated about 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify)  Burial  8/22/72	work  At Work  ded the deceased from  on  ve. (1) (We) (did) (did not)  DEGREE  Ath  DEGREE  AC. NAME OF CEMETERY OF CR	19 / to  20 and that in(my) (corr)  210 And Andrew  220 Address  23 6 0 3 BELAIR  EMATORY  24D. LOCATION	ROAD (City, town, or county) (Stote)
24/	22. I certify that (I) (this hospital) attended to the course stated about 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE REMOVAL ISPECITY  BURIAL CREMATION, 24B. DATE  24B. DATE REC'D BY HEALTH DEPT. / 123B. NAME (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	work  At Work  ded the deceased from  on  ve. (1) (We) (did) (did not)  DEGREE  Ath  DEGREE  AC. NAME OF CEMETERY OF CR	19 / to  20 and thot in(my) (our)  23D. ADDRESS  24D. LOCATION  25C. FUNERAL DIRECTOR	City, town, or county)  ADDRESS
24/	22. I certify that (I) (this hospital) attended to the course stated about 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE REMOVAL ISPECITY  BURIAL CREMATION, 24B. DATE  24B. DATE REC'D BY HEALTH DEPT. / 123B. NAME (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	work  ded the decedsed from  on  ve. (I) (We) (did not)  DEGREE  ATM  DEGREE  HOLV Redeeme	19 / to  20 and thot in(my) (corr)  21 price of the death.  22 price of the death.  23 price of the death.  24 price of the death.  24 price of the death.  25 price of the death.  26 price of the death.  26 price of the death.  27 price of the death.  28 price of the death.  29 price of the death.  20 price of the death.  21 price of the death.  22 price of the death.  23 price of the death.  24 price of the death.  26 price of the death.  27 price of the death.  28 price of the death.  29 price of the death.  20 price of the death.  20 price of the death.  20 price of the death.  21 price of the death.  22 price of the death.  24 price of the death.  25 price of the death.  26 price of the death.  27 price of the death.  28 price of the death.  29 price of the death.  20 price of the death.  20 price of the death.  20 price of the death.  21 price of the death.  22 price of the death.  24 price of the death.  25 price of the death.  26 price of the death.  27 price of the death.  28 price of the death.  29 price of the death.  20 price of the death.  20 price of the death.  20 price of the death.  21 price of the death.  22 price of the death.  24 price of the death.  25 price of the death.  26 price of the death.  27 price of the death.  28 price of the death.  29 price of the death.  20 price of the death.  20 price of the death.  21 price of the death.  22 price of the death.  23 price of the death.  24 price of the death.  25 price of the death.  26 price of the death.  27 price of the death.  28 price of the death.  29 price of the death.  20 price of the death.  20 price of the death.  21 price of the death.  22 price of the death.  23 price of the death.  24 price of the death.  25 price of the death.  26 price of the death.  27 price of the death.  28 price of the death.  29 price of the death.  20 price of the death.  20 price of the death.  20 pri	City, town, or county)  ADDRESS



	K-648	72	08037	STATE OF MARYLAND-UHME BALTIMORE CITY HEALTH DEPARTMENT
Ш	97-641		MEDICAL	EVALUEDIC CERTIFICATE OF

1)-640 MEDICAL EXAMINER'S C	FRTIFICA	TE OF	DEATE	4	72 (	8037
BIRTH NO.		(IL OI	רארו	REG. NO.		,000,
1. NAME OF DECEASED	2. DATE	(nown 🔀	Month	Doy	Year	Hour
(Type or Print)  George T. Kruelle	OF DEATH E	stimoted	8	20	72	3:40 pm.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour '
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNC		8	20	72	3:40 p.
OR INSTITUTION	5. USUAL RESID	ENCE (Where		ed. If institution  B. COUNTY	residence b	efore odmission)
2803 Hamilton Avenue		land			2	100
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOV	VN	7 1	D. INSIDE CI	Y LIMITS?	
male white WIDOWED DIVORCED	Baltim			YE	s 🔀 ı	NO 🗆
9. DATE OF BIRTH  May 31, 1906  10. AGE (In yeors lost birthdoy)  Months, Doys, Hours, Min.	E. STREET AND 2803 Ha	milton A	Avenue			
Maryland 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S N.	ame erick C	Krue	lle		
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY				.110		
done during most of working life, even if refired) Retired Sun Carrier	Emma	E Thom	as			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no of ynknown))(If yes, give wor or dotes of service)  SECURITY NO.	18. INFORMAN	T		AC	DRESS	
(Yes, no or unknown) (If yes, give wor or dotes of service) 213-10-688	5 Mrs R	osella	M Kr	uelle	Sa	ame
19. CAUSE OF DEA	3				API	PROXIMATE INTERVAL EEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY					BETW	EEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE Arteri	oeclaro	tic ca	rdio-		
(This does not mean the mode of dying, e.g.,  (A) IMMEDIATE C.  DUE TO, OR A	AS A CONSEQUEN	CE OF: TOO	oular	dicass		
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)		Vas	Culai	uiscase		
ANYTON DAVIS CALIFFO						
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR	AS A CONSEQUEN	NCE OF:				****************
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
Z UNDERLYING CONDITION LAST. (C)			******	***********		
E II						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
DISEASE OR CONDITION GIVEN IN PART 1 (A).						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED				21. AUTO	PSY? (Yes or No)
					no	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, form, foctory, street, office uting CAUSE OF DEATH.	in or obout 22C. \	WHERE DID (	f in Boltimore	City, give exo	t location)	
☐ UTING ☐ CAUSE OF DEATH.						
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED OF INJURY	22F. I	LUI DID MOH	URY OCCU	R?		
(ADDROV)	WHILE					
23.  I certify that I held an Inquiry Inspection X Au		nd that on th	ie basie	dooth In my		
resulted from: Natural causes & Accident Suicid					•	
resulted from: Natural causes X Accident  Juicid						
ACTUAL DATE		F MEDICAL E				DATE SIGNED
SIGNATURE M.D	ASSISTAN	NT MEDICAL E	KAMINER		8-2	1-72
EXAMINER'S Russell S. Fisher, M.D.	ASSOCIAT	TE MEDICAL EX	KAMINER			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY	24D. L	OCATION	(City, town	, or county)	(Stote)
Burial 8/24/72 Immanuel		Ba	ltimo	re. Ma	rylar	nd
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNI	ERAL DIRECTO	R	A	DDRESS	
AUC23 1072 Silan folk & San	Leon	ard J	Ruck	Inc. E	altin	nore, Md
CALL PARTY OF THE		. 1 1				/

A Erock P. Jeroco . . .

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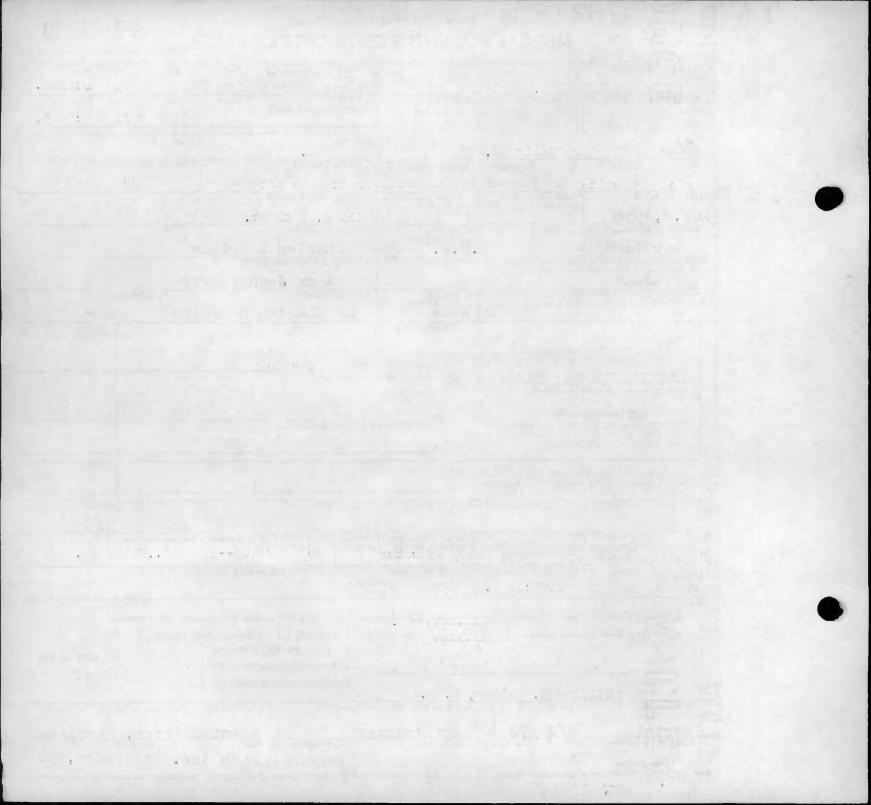
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1/			BALTIMORE CITY	HEALTH DEPARTMENT		72 08038
# -2	50 72	08038	CERTIFICA	TE OF DEATH	REG. NO	
	DECEASED			2. DATE AN	D HOUR OF DEATH	F OF MARYLAND-DHMI
(Type ar Prin	" Anna M Has	sson		Augu	st 20,197	72   M.
	BALTIMORE, MARYLAND, V				e deceased lived. If i	institution: residence befare odmission)
FULL NAM HOSPITAL O	OR ADDRESS OR LOC	ATION)	TION, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
00				Baltimore,		YES X NO
20	15 D A			E. STREET AND NUMBER		
	15 Royston Av			3015 Roysto		
5. SEX Femal		WIDOWED [		June 13,1891	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	OCCUPATION (Give kind at war lost of working life, even if retired) SEWII E	k 10B, KIND OF	BUSINESS OR INDUSTRY	Nebraska	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER	NAME			14. MOTHER'S MAIDEN NAM	ME	
	?	La	ndrey		Unknown	
15. Wos Dec	eased Ever in U. S, Armed Fo known) (II yes, give wor or dot	rces? es of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
No			506-09-356	8 Mr Leonard	J Agnell	o Same
CERTIFIC AT ON COMPANY OF COMPANY	LEADING TO DEATH  oes not meen the mode of illure, osthenia, etc. If meens in complication which causes  ANTECEDENT CAUSE:  ES OR CONDITIONS, if in the above cause (A) LYING CONDITION last.  II  IGNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO OR CONDITION GIVEN IN PA TE OF OPERATION 1798. COD WAS PER  CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examiner)	dying, e.g., the disease, death.)  any, giving stating the DNTRIBUTING THE TERMINAL RT I (A).  NOTION FOR VIFORMED	(B) DUE TO, OR AS  (C) VHICH OPERATION  PLACE OF INJURY (e.g., in e., farm, lactory, street, of	A CONSEQUENCE OF:    POTUMO CLUB   A CONSEQUENCE OF:    20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OF INJU	IRY		INJURY OCCURRED  le At		URY OCCUR?	
that (1) and have 23A. SIG 23C. PHY NA 24A. BURIAL REMON Bur	SICIAN'S ME (Type) Donald R Ja CREMATION, 24B. DATE (AL (Specify)	ted abave. (I	M.D. DEGREE  M.D. DEGREE  M.D. DEGREE  OODLOWN	nding Med. Director  7403 Harford MATORY  23C. FUNERAL DIRECTOR	Stoff Phys. Rd Baltiocation (Ctimore, M.	inion death accurred on the date  23B. DATE SIGNED  8-21-72  .more, Maryland City, town, or county) (Stote)  laryland  Baltimore, Md
VS 150-REV.	1/1/6B	1 1	-	14 0 3 4		•

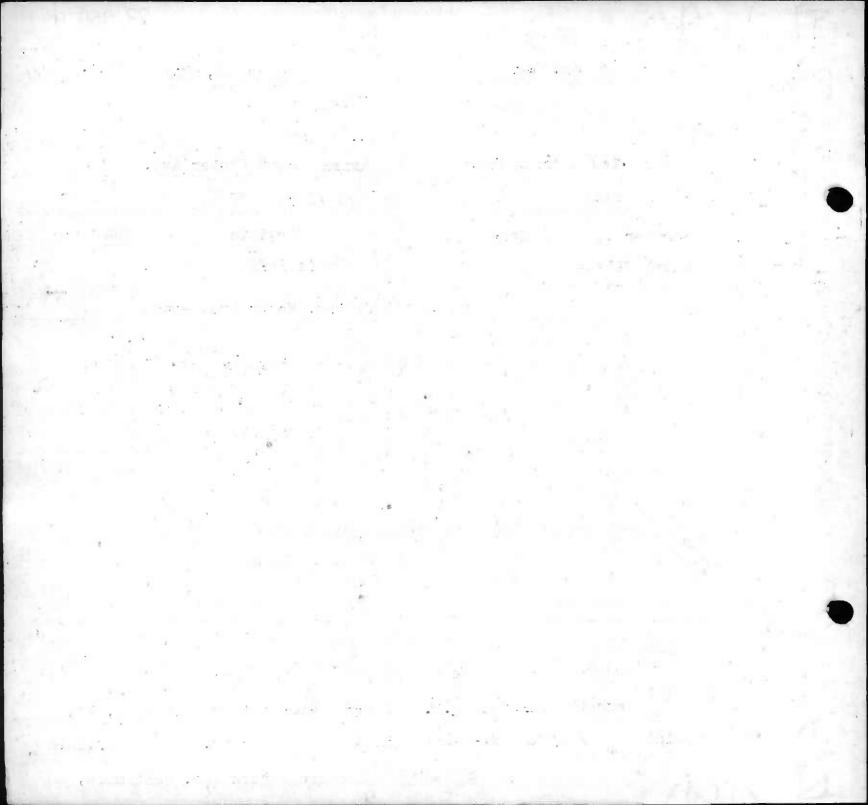
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E-645 MEDICAL	EXAMINER'S			DEAT	H REG. NO.		3803	9
BIRTH NO.								
I. NAME OF DECEASED (Type or Print)		2. DATE OF	Known 🔯	Month	Doy	Year	Hour	D
GREGORY L. ERLT		DEATH 3. DATE	Estimoted	8	18	72	9:55	P . M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITE			NCED DEAD	Month 8	18	72	9:55	P. M.
2900 Block Falls Rd		A. STATE	SIDENCE (Where	e deceosed li	B. COUNTY	n: residence l	before admi	ssion)
	D NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?		
male white WIDOWE		Balti	more City		v	ES X	поП	
9. DATE OF BIRTH IO. AGE (In yeors In Section 1956)  Aug. 8, 1956  16	Under 1 Yr. II Under 24 Hrs. onths Days Hours Min.		ND NUMBER 30th St					
	CITIZEN OF WHAT COUNTRY?	13. FATHER'S						
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND C					ie			
done during most of working lile, even if relired) Student		A	nna Bear		rer			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ((i) yes, give wor or doles of service)	17. SOCIAL SECURITY NO.	18. INFORM				DDRESS		
No 119.	None		Charles	L Er]	ine	San		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foliure, osthenio, etc. it means the disease, injury or complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	(B) DUE TO, OR OR DUE TO, OR OR OR OR WHICH OPERATION WAS BEPLACE OF INJURY (e.g., me, forty, loctory, street, office DOGY OT WALET	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	UENCE OF:	and the same of		21. AUTO	PSY? (Yes	AND DEATH
SIGNATURE EXAMINER'S NAME (Type) William P. Mull 24A. BURIAL CREMATION, PARTIE REMOVAL (Specify) Burial 8/22/72	Inspection X Aud Accident X Suicid	Popsy Hor C ASSIS ASSOC OF CREMATOR	HIEF MEDICAL E TANT MEDICAL E CIATE MEDICAL E RY 24D.  UNERAL DIRECTO	Undetermit XAMINER XAMINER XAMINER LOCATION Westm	(Cily, lown	8/1 n, or county) er, Ma	ryla	nd
VS 151-REV. 1/1/68	h. Kan	+ Heo	nard J.F	tuck 1	LIIC DE	T OTHIC	110,	-10



0 000	BALTIMORE CITY	HEALTH DEPARTMENT	72 08040				
BIRTH NO. 72 (80	10 CERTIFICA	TE OF DEATH REG. NO					
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	OF MANITARY DAME				
Susie Jane Cox		August 21,1972	2 1 2:15 Am.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where deceased lived. If in	nstitution: residence before odmission)				
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland	200				
INSTITUTION			IDE CITY LIMITS?				
90		Baltimore  E. STREET AND NUMBER	YES NO				
Harbor View Nursing	Home	Marks 6008 Plumer A	ve.				
	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.				
Female   White   wido		9/17/1894   77					
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?				
Homemaker Ho	me	Virginia	USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Samuel Wilson		Lydia Poff					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL	17. INFORMANT	ADDRESS				
No		BJ1 Mrs. Henry Bresh-S	ame				
18.4/19.4	CAUSE OF DEAT		APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY		44	BETWEEN ONSET AND DEATH				
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE CONSIDER STONE STOR					
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., DITE TO OR AS	A CONSEQUENCE OF:					
injury or complication which caused death.)	C	1 75003	2				
ANTECEDENT CAUSES	ouppens El	remistered exellection	E4'0				
DISEASES OR CONDITIONS, if ony, gi							
rise to the obove couse (A) stating UNDERLYING CONDITION lost.	(C)	Ostemperesis, Gru'l	•				
ll ll	· · · · · · · · · · · · · · · · · · ·						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI		Malau trution	1				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL		***************************************				
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
	218. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If in Boltimor	e City, give exoct location)				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, of	ffice bldg., INJURY OCCUR?					
21D-TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
S OF INJURY	While At Not Whil						
(APPROX.)	Work At Work		1				
22. I certify that (1) (this hospital) attend	22. I certify that (I) (this hospital) attended the deceased fram 4 24 19 70 to 8 19 19 7)						
that (1) (we) last saw the deceased alive	an 8/19	19 7 2 and that In(my) (our) apl	nian death accurred on the date				
and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
23A. SIGNATURE 23B. DATE SIGNED /							
Kenneth Krulevi	miding Med. Staff Phys.	8/21/22					
23C. PHYSICIAN'S NAME (Type)	- Sonce	23D. ADDRESS					
Kenneth Krule	vitz M.D.	115 W Monument St. Bal	timene Md				
24A. BURIAL CREMATION, 24B. DATE 24	TE OKCE	7					
REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (C	ty, town, or county) (Stote)				
Burial 8/25/72	Pleasant Hil						
Burial 8/25/72			Virginia ADDRESS				
Burial 8/25/72	Pleasant Hil	Floyd Co.	Virginia				



if the direct or contributing cause of death ny kind; (4) Undetermined cause; (5) Deceased

Such

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attendance 0

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

examiner.

medical

the body was released to the hospital by a shows: (1) An accident of any nature;

(2) Body burns; (3) A fracture of

written approval must be obtained before the remains are embalmed or final disposition is made.

deceased prior to death); and (6) No physician was in regular attendance on was D.O.A. at a hospital (except where the physician who pronounced

72 000	BALTIMORE CITY	HEALTH DEPARTMENT		140 000
K-100 72 080	CERTIFICA	TE OF DEATH		72 08041
1. NAME OF DECEASED (Type or Print) LEO C. RU	IPP	2. DATE AN	8-20-72	MARYLAND-DHMH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	* *	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	Sizt.	DE CITY LIMITS?
A company of the comp	PITAL	BALTO.		YES 🔀 NO
4940 Eastern Ave.Baltimo		603 5. B	OULDIN ST.	007
5. SEX Male 6. RACE 7. MAR. WIDO	RIED NEVER MARRIED DIVORCED	1-18-29	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)  UNEMPLOYED  EI	D OF BUSINESS OR INDUSTRY	BALTIMORE STORES FOR		12. CITIZEN OF WHAT COUNTR
EDWARD A.		DOROT	HY M. PU.	DNEY
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT RECORDS	THYM KUPP	122000
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying.		H B ISE CARDIO RESPI A CONSEQUENCE OF:	RATORY AI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
heort failure, asthenia, etc. It means the disc injury ar complication which coused death.)	ease,			
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, grise to the above cause (A) stoling UNDERLYING CONDITION last.	the	NIC HEPATIC A CONSEQUENCE OF:	FAILURE	lo YRS.
II	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI V DISEASE OR CONDITION GIVEN IN PART 1 (A).		TORENAL SYN	DROME	2 WKS.
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If In Boltimore	e City, give exect location)
21D. TIME (Month) (Doy) (Year) (Hour)  OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While Work  Not Work		URY OCCUR?	
22. I certify that (1) (this haspital) attend			19 72 to	8-20 1972
that (I) (we) last saw the deceased alive and hour and from the causes stated about			not in (my) (aur) apir	nion death accurred on the da
23A, SIGNATURE	to the land land land land	ien ine budy uner death.		23B, DATE SIGNED

23C. PHYSICIAN'S NAME (Type)

HEART

Attending Phys. 23D. ADDRESS

Med. Director 4940

8-20-72 Ave/Baltimore, Md

FRANK MERONK

M.D 24C. NAME OF CEMETERY OF CREMATORY

Eastern

150SPITALS MD

24A. BURIAL CREMATION, REMOVAL (Specify)

24D. LOCATION

8 HEALTH DEPT.

CEM. 7401 GERMAN HILL 25C. FUNERAL DIRECTOR, 901 S. C.

BALTIMORE

901 S. CONKLING. BALTO. 21224, MD:

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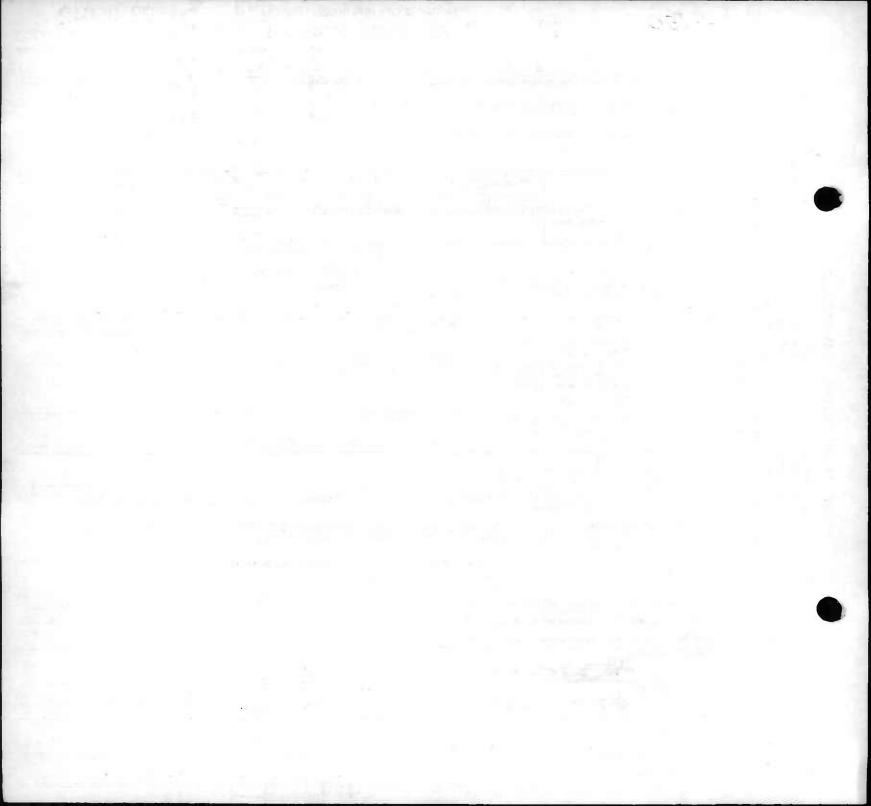
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## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the vritten approval must be obtained before the remains are embalmed or final disposition is made.

1/ 1=>	BALTIMORE CITY	HEALTH DEPARTMENT	72 08042
	042 CERTIFICA	TE OF DEATH REG. NO.	- AND MADY NO BHAT
Type or Print) WILLIAM HEARS	4	2. DATE AND HOUR OF DEATH	AHI
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II i	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland	2037
THE UNION HEHORM	HESP.	Baltimore	YES MO
44		E. STREET AND NUMBER	113 110
5. SEX   6. RACE   7. 44 A PD	IED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years	Il Under 1 Yr. Il Under 24 Hrs.
B. WIDOV	VED DIVORCED	01 01 1910 lost birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KINE done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cab driver		Baltimore, Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William Hearn Sr.		Frances Sowlry	
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown!) (If yes, give wor or doles of servi-	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Mrs. Sallie Hearn 407 Mt.	Holly St.
18. / 8 5 X 1	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SEELECTROLITIC IMBN	ANCE
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	DHETO OF AS	A CONSEQUENCE OF:	
injury or complication which caused death.)			
ANTECEDENT CAUSES	(B) CHPOR	UIC DENA FAILURE	1
DISEASES OR CONDITIONS, If any, give	ing DUE TO, OR AS	A CONSEQUENCE OF:	***************************************
rise to the above cause (A) stating UNDERLYING CONDITION last.		DCA PROSTATE	
11	(C)maintiffchediscs		***************************************
	1G		
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL	*******************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  179. DATE OF OPERATION 179. CONDITION F WAS PERFORMED  121. ACCIDENT WAS UNDERLYING TO	OR WHICH OPERATION	20A AUTOPSYT (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
	218. PLACE OF INJURY (e.g., i home, farm, foctory, street, of etc.)	n or about 21C, WHERE DID (If In Boltimor	re City, give exect location)
O 21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
* IAPPROXI	While At Work Not While At Work		
22. I certify that (I) (this hospital) attende			22
that (I) (we) last sow the deceased alive		1 . 76	
· · · · · · · · · · · · · · · · · · ·	/		inion death accurred on the date
and hour and from the causes stated above	. (I) (We) (dld) (did not) v	lew the body after death.	
Farth Williams	T Hb. Atte	nding Med. Staff. Phys.	238. DATE SIGNED / 72
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	OPITAL .
24A. BURIAL CREMATION, 248. DATE 24C	OF CREE		ity, town, or countyl (Stotel
	Mt. AuburnCemete	ry Baltimore, Mar	rvland
	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG23 1972 / due	Monon	Mrs. Mary E. Law 802 Madi	ison Ave.
VS 150-REV. 1/1/68	E Aus toll	1000	



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	-
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	1 020	BALTIMORE CITY	HEALTH DEPARTMENT		72 08043			
BII	72 08	043 CERTIFICA	TE OF DEATH	REG. NO.	OF MARYLAND DHMH			
1,1	NAME OF DECEASED  (pe or Print)  (p & ORC &	TURLING	2. DATE A	NO HOUR OF DEATH	1 11:110			
3.	PLACE IN BALTIMORE MARYLAND, WHERE PR		II4. USUAL RESIDENCE (Who	8/15/72	stitution residence before admission			
			A. STATE B. COU	NTY	7403			
FL He	UL NAME OF (IF NOT IN HOSPITAL OR IN ASSISTATION)  OSPITAL OR (IF NOT IN HOSPITAL OR IN ASSISTATION)  OSPITAL OR (IF NOT IN HOSPITAL OR IN ASSISTATION)	ISTITUTION GIVE STREET	C. CITY ORTOWN	10 18161	DE CITY LIMITS?			
IIN	Baltimore, Md.	_	BALFIMOR		YES NO			
41	1 Fuer dent Horn	101	E. STREET AND NUMBER		N HO			
		740		ItANK AU				
	MIDON		3. DATE OF BIRTH  7-27-01	last birthday)  H W	Manths Days Hours Min.			
	A, USUAL OCCUPATION (Give kind of work 108, KIN ne duping most of working life, even if estired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of for	eign country)	12. CITIZEN OF WHAT COUNTRY?			
	CHICKOUN ()	NRNOWN	Kenhelu	y,	USL			
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME				
	UNKOWN		UNKA	oun				
15. (Ye	Was Deceased Ever in U.S. Armed Forces? is,no or unknown! [iii yas, give war et dates of serv	loe SECURITY NO.	17. INFORMANT	Justice.	1179 APPRESSON Blud			
	UNKNOWN	328-07-68			OME 3600 Mohawka			
	18. 48/XI	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY		0 : 1 0	000				
	LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAL	DISE Right lum A CONSEQUENCE OF:	W Luley Pri	eumina			
	heart failure, asthenia, etc. It means the disc	igse,	A CONSEQUENCE OF					
	injury or complication which caused death.)	00	. 0 . 0					
1	ANTECEDENT CAUSES	(B) Churn	uc fung le A CONSEQUENCE OF:	nearo				
	DISEASES OR CONDITIONS, if any, gi	the	A CONSEQUENCE OF					
	UNDERLYING CONDITION last	(c)						
,	11							
100	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMI	NG NAL						
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19A CONDITION I WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of N	lol 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?			
ERTIF	WAS PERFORMED		NO	IN CERTIFYING CA	USES OF DEATH?			
AL CE	21A. A CCIDENT WAS UNDERLYING OR CONTUBUTING CAUSE OF DEATH (notify medical exemines)	218. PLACE OF INJURY le.g., i home, form, factory, street, or etc.)	n or about 21 C. WHERE DID	(If in Boltimor	e City, give exect location)			
S		21E INJURY OCCURRED	21F. HOW DID IN	HILLY OCCUPS				
MEDI	OF INJURY	While At 1 Not While	0.57	eval occori				
	(APPROX)	Work LJ AI Work						
	22. I certify that (1) (this hospital) attended the deceased from Jugust 12 19 72 to Jugust 15 19 72							
	that (1) (we) lost saw the deceased alive	on august 15	19and t	hot in (my) (our) opi	nion death occurred on the dote			
	and hour and from the causes stoted above	re. (1) (We) (did) (did not) v						
	23A_SIGNATURE		yw == -	/	238, DATE SIGNED			
	Lingina fansti- 8	Auca Ca Ob DEGREE Phy	ending Med. Director	Staff Phys.	8-15-72			
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS					
	VIRGIMIA F. MER	CADO, M.D. DEGREE	Auon'el	ent Specim	fal			
24	A. BURIAL CREMATION, 24B DATE REMOVAD (Specify)	IC. NAME OF CEMETERY OF CR		LOCATION /ICI	ly, fown, or county) (State)			
	8-18-12	HWATOMYCOAC	50 GF/10 2	9 S. ORE	ENE, SALT/10			
25	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25G PHERAL DIRECTO		317 SCARLETTIA			
A	UG23 1972 Transplan	Korton	KAYMOND	I. CURRAN 7	OWSON MD. 21204			
VS	150-REV. 1/1/68	6 60 10	1030					

10/3/67 1001 Light st.

UNERAL DIRECTO

REMOVAL (Specify)

VS 151-REV. 1/1/68

25 A. DATE REC'D BY HEALTH DEPT

25B. NAME OF REGISTRA

Indiana I total committee

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72 08045 CERTIFICATE OF DEATH REG. NO. ad in a hospital and ting cause of death d cause; (5) Deceased attendance on the Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) STEWART 2 LOUISA death. 4. USUAL RESIDENCE (Where deceased fived, if institution residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD BALTO FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 BA prior BON SECOURS HOSPITAL E. STREET AND NUMBER contributing N. MONROE (4) Undetermined in regular mad 9. AGE (In years 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED deceased lost birthdoyl Negro Temak WIDOWED disposition is 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during mad of working life, even if retired) HOMES COOK Was the 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME T PETER KEWL death 0 15. Wes Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (if yes, give war or dates of service) 7. INFORMANT final SECURITY NO. attendance Beatrice Stokes 1223 0-30-1821Mrs. any 18. pronounced 0 DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH SINUS SYNDROME (A) IMMEDIATE CAUSE IThis does not mean the mode of dying, e.g., heart failure, aethenia, elc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: regular injury at complication which caused death.) ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving 3 rise to the above cause (A) stating the E physician UNDERLYING CONDITION last before the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). No physician (2) Body 20A. AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED SICK SINUS SYNDRONG 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, farm, foctory, street, office bldg., INJURY OCCURY 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exact location) where OR CONTRIDEATH (not to the hospital DEATH (notify medical examined of any nature; obtained (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While (except While At (APPROX) Work At Work and 22. I certify that (i) (this hospital) attended the deceased and that in (my) (aur) apinion death accurred on the date that (1) (we) last saw the deceased alive an eath) hospital and hour and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. must accident 23A. SIGNATURE O Lowhor Attending Med. Staff Phys. Director 10 Phys. approval 8 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS at CHAIHAN An D.O.A. 24A. BURIAL CREMATION, 24B. DATE shows: (1) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION bespesed Brooks United Methodist Burial 8 - 25 - 72Calvert Church Cemetery 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. .

238, DATE SIGNED (Stote) FUNERAL HOME 3035 W. NORTH AVE Al-over VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

12. CITIZEN OF WHAT COUNTRY?

BETWEEN ONSET AND DEATH

lears

uSA

Il Under 1 Yr.

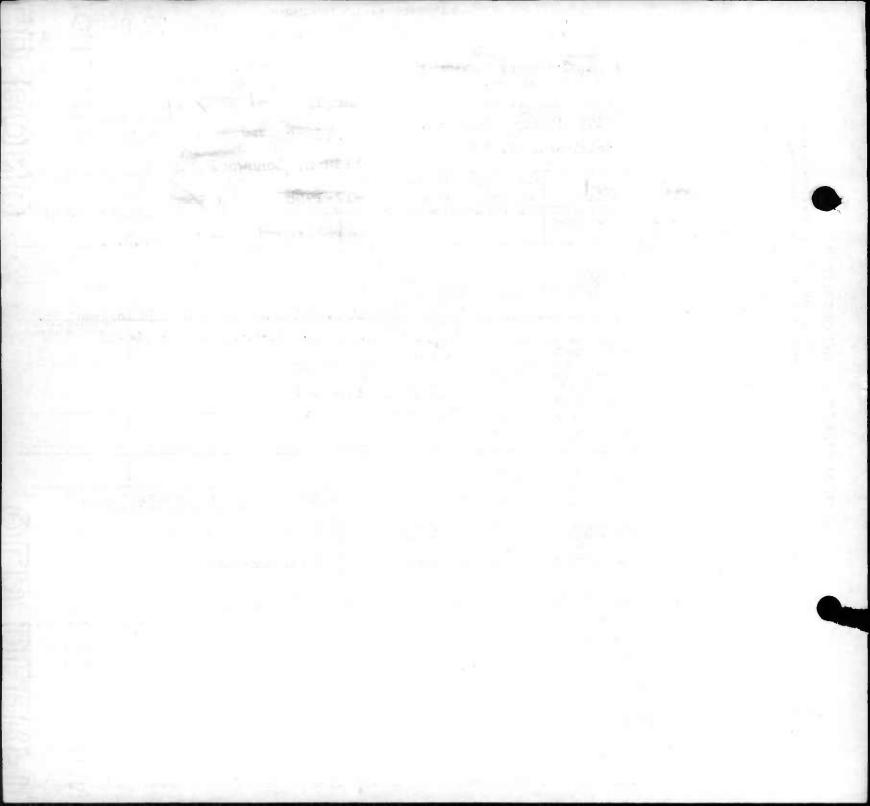
II Under 24 Hrs.

9/20/12 A Cardiac aryllimia B. Ertenoscherotec Ht. Dis Letter from Bon Lecours Kospetal filed in Bur of Biostat - american Bldy ge

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1	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); was the semains are embalmed or final disposition is made.	ws: D.G. Fren	sho de de
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	cer	Thi

BALTIMORE C	ITY HEALTH DEPARTMENT						
72 08046 CERTIFIC	ATE OF DEATH	72,08016,000					
1. NAME OF DECEASED (Type or Print) Sadie M. Coleman	2. DATE AND HOUR OF DEATH	72 , 12 30 A					
3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD	A. STATE / B. COUNTY	institution: residence before admission)					
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION GIVE STREET	Maryland	1607					
full name of hospital or institution. Give street address or location histitution 2600 Liberty Height Ave.		SIDE CITY LIMITS?					
1) ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Baltimore	YES NO					
2 Frou de Baltimore, Md. 21215	E. STREET AND NUMBER						
	1158 N. Longwood Str	eet					
Female Negro WIDOWED DIVORCED	3. AGE (In years lost birthdoy)  5-12-1905	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.					
OA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNTRY					
fone during most of working life, even if refired) Housekeeper	373						
3 FATHER'S NAME	Virginia 14 MOTHER'S MAIDEN NAME	U.S.A.					
George Howard							
George Howard  5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (III yes, give wor ar dotes af service)  16. SOCIAL SECURITY NO.	Norma Mallory	ADDRESS					
NO	O Paul D. Coleman (HUSBAND)	1158 Longwood St.					
Injury or complication which caused death.)  ANTECEDENT CAUSES	AUSE AS A CONSEQUENCE OF:  Bleeding AS A CONSEQUENCE OF:						
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSYS (Yes or Nol) 20B. IF YES. WERE	FINDINGS CONSIDERED					
WAS FERFORMED	NO IN CERTIFYING CA	AUSES OF DEATH?					
U 21A ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g. home, form, foctory, street, DEATH (notify medical examiner)	office bldg., INJURY OCCUR?	ore City, give exoct locotion)					
21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (Aspend)	21 F. HOW DID INJURY OCCUR?						
(APPROX.) Work At Work							
22. I certify that (I) (this hospital) attended the deceased fram 8 19/2 to 8 -2/ 19/2							
that (I (We) last saw the deceased alive an 19 72 and that in (my) (our) opinion death accurred an the date							
and haur and fram the causes stated abave. (1) (We) (vid) (did not) view the bady after death.							
23A. SIGNATURE		23B. DATE SIGNED					
DEGREE	hys.   Med.   Staff   Phys.	8/4/1/2					
NAME (Type) V. Chitraplee	23D. ADDRESS Procedent A	- des					
4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF C		ity, town, or county! (State)					
Burial 8-24-72 Maryland Nati	onal Com Tarrol						
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Onal Cem.   Laurel	Maryland					
ALICO 3 1072 Disputation work on	NUTTER FUNERAL HOME						
5 130 60 1/1/68	+ 4 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	JUJJ W. NOILLI A					



VS 151-REV. 1/1/68

	7 72 08047 SEALTHORE CITY H	TAID DHITT	
(-	-652 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH PEG N	שוניססס פפי
RIP	TH NO.	CERTIFICATE OF DEATH REG. N	o. 12 USU47
	NAME OF DECEASED	2. DATE Known X Manth Day	Year Hour
(Тур	e or Print) Lonnie Grimes	OF DEATH Estimoted   8 21	72 9:15 a. M.
4. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FUL	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 8 21	72 9:15 a. M.
OR	PITAL ADDRESS OR LOCATION) INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institut	
0	505 N. Patterson Park Avenue	A. STATE 505 M. + allen	
6. S		C. CITY OR TOWN	CITY LIMITS?
m	ale Negro WIDOWED DIVORCED	Ballo- Kel	YES NO
	ATE OF BIRTH / 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs	. E. STREET AND NUMBER	113.53
	1/19/19 lost birthdoy) Manths, Doys, Hours, Min	505 N. Patterson Park Avenu	ie 105
11. 1	BIRTHPLACE(State or fareign cauntry) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	(
	// .	Kancom Jay	mes
done	USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR during most of working life, even if refired)	15. MOTHER'S MAIDEN NAME	
	Koster	margine / ) m	RIN
16. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANTA	ADDRESS Palle want
	19. CAUSE OF DE	ATH /	APPROXIMATE INTERVAL
		Carcinoma of esophagus	with
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	D. 1	WIGH
	(A)IMMEDIATE	CAUSE Pulmonary metastases AS A CONSEQUENCE OF:	***************************************
	heart loilure, osthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF	
	ANTECEDENT CAUSES  (B)  DUE TO OF	R AS A CONSEQUENCE OF:	
	Mar to the Above onote (M) others one	CAS A CONSEQUENCE OF:	
Z	UNDERLYING CONDITION LAST. (C)	***************************************	
CERTIFICATION	II DE LOS DE LA COLONIA		
ŏ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
E.	DISEASE OR CONDITION GIVEN IN PART 1 (A).		
3	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED	21. AUTOPSY? (Yes or Na)
1	0		no
MEDICAL	UNDERLYING OR CONTRIB- home, larm, foctory, street, olli	in or about 22C. WHERE DID (If in Boltimare City, give lice bldg., etc.) INJURY OCCUR?	exoct location)
Σ	UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	OF INJURY  (APPROX.)  WHILE AT CO.	T WHILE	
	m. WORK	WORK L	
	23.		
	I certify that I held an I naviry I Inspection X A	utopsy and that an this basis, death in n	ny oninion
		utopsy ond that an this basis, death in n	
		ide Homicide Undetermined monne	
	resulted fram: Notural causes Accident Suici	de Homicide Undetermined monne CHIEF MEDICAL EXAMINER X	
		CHIEF MEDICAL EXAMINER	er 🗌
	ACTUAL SIGNATURE EXAMINER'S  PURCO 11 S. Figher M. D.	CHIEF MEDICAL EXAMINER	DATE SIGNED
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)  RUSSELL S. Fisher, M. D.	D. ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED 8-21-72
24.4	ACTUAL SIGNATURE EXAMINER'S  PURCO 11 S. Figher M. D.	D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL	DATE SIGNED 8-21-72  own, or county)
24.4	ACTUAL SIGNATURE EXAMINER'S NAME (Type)  RUSSELL S. Fisher, M. D.  BURIAL CREMATION, 1248 PATE  RUSSELL S. PATE  124C. NAME of CEMATERY	D. ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED 8-21-72  own, or county)

505 Midtallian TH THE PART WHEN THE STATE OF THE Constituent of Samuelance of the Co.

This certificate must be

Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased a hospital and attendance on the death. prior to occurred in or final disposition is made. in regular deceased approved by the chief medical examiner or his assistant if death Was death 0 pronounced written approval must be obtained before the remains are embalmed regular who was D.O.A. at a hospital (except where the physician deceased prior to death); and (6) No physician was

	1 - /2	BALTIMORE CITY	Y HEALTH DEPARTMENT	DR.	OMASULO - N
BO	72 0	8048 CERTIFICA	TE OF DEATH	REG. NO.	~ 00040
1, 1	NAME OF DECEASED	ttle		STATE O	F MARYLAND-DHMH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (Where	deceased lived. Il insti	tution: residence before admission)
FU	ILL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	md-		1601
IN	STITUTION		c. CITY OR TOWN		CITY LIMITS?
	38		E. STREET AND NUMBER		ES NO
_	lniversity of maryland	Hospital	700 Arling	TON avonus	2, 21217
5.	F B WIL	ARRIED NEVER MARRIED DIVORCED DIVORCED	2/4/99 10	AGE (In years birthdoy)	II Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
t0/	LUSUAL OCCUPATION (Give kind al work 10B, 1 e during mast af working life, even if retired)	IND OF BUSINESS OR INDUSTRY	The state of the state of the state of	n country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife		USA		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
	Daniel Nordy		Sucan	Brench	ge
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no of unknown) (Iff yes, give wor or dotes of s	ervice) 16. SOCIAL SECURITY NO.	mae R. Hurl	t 15208.	Madenta I
	DISEASE OR CONDITION DIRECTL	(A)IMMEDIATE CAU	H USE Intracerebral		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not meen the mode of dying heart foilure, asthenia, etc. It means the d injury or complication which caused death	iseose,	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	(B)	Hyportension		7.
	DISEASES OR CONDITIONS, il ony, rise to the obove cause (A) stolir UNDERLYING CONDITION lost.	giving DUE TO, OR AS g the (C).	A CONSEQUENCE OF:	***************************************	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A)	AINAL			
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B, PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(If In Boltimore C	Ity, give exact location)
MEDICAL	21 D. TIME (Month) (Doy) (Year) (Hou	21 E INJURY OCCURRED	21F. HOW DID INJUR	RY OCCUR?	

OF INJURY Not While While At (APPROX.) At Work

22. I certify that 柳 (this hospital) ottended the deceased from

that (4) (we) last saw the deceased alive and that In (m) (aur) apinion death occurred on the date and haur and fram the causes stoted obave. (IF (We) (did) (did 1704) view the body ofter deoth.

23A, SIGNATURE , P 23C. PHYSICIAN'S NAME (Type) m Attending Phys.

23D. ADDRESS

Med. Director Staff Phys. 23 B, DATE SIGNED 20

(Stote)

(City, town, or county)

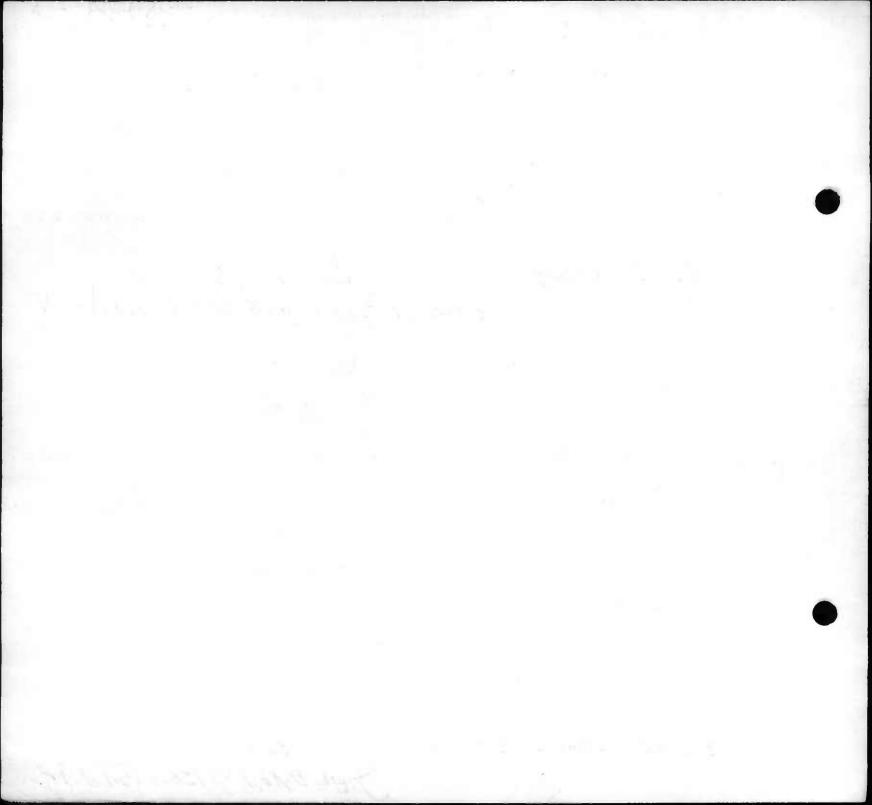
Richard masy 8 LOCATION
Balts 0 mip 24A. BURIAL CREMATION, 24B. or CREMATORY

HEALTH DEPT.

258. NAME OF REGISTRAR 3

VS 150-REV. 1/1/68

03



72 08049 BALTIMORE CITY HEALTH DEPARTMENT

7 72 08049

	EXAMINER'S	CERTIFICATE OF DEATH	REG. NO.	. (70010
I. NAME OF DECEASE JOHN CLABENC Type or Print) JOHN C. BLESSED	E BLESSED)	2. DATE Known Month OF Estimoted	Doy Ye	eor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE HOSPITAL ADDRESS OR LOCATION)	NOUNCED DEAD	3. DATE Month PRONOUNCED DEAD August 21	1, 1972	6:05 P. M.
MARYLAND GENERAL HOSP	ITAL	5. USUAL RESIDENCE (Where deceosed lived. A. STATE North Carolina B.	. If institution; reside COUNTY	ence before admission)
S. SEX 7. RACE 8. MARRIE WIDOWE	D NEVER MARRIED	C. CITY OR TOWN  Raleigh N.C.	. INSIDE CITY LIM YES	NO 🗆
P. DATE OF BIRTH 10. AGE (In years 1	f Under 1 Yr. If Under 24 Hrs. Nonths   Doys   Hours   Min.	E. STREET AND NUMBER 5208 K. Falls Neuse		algh N.C.
1. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Clarence Dewey Bl.	essed	· · · · · · · · · · · · · · · · · · ·
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND Coneduring most of working life, even if retired)				
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wor or dates of service) Yes W. W. II	17. SOCIAL SECURITY NO.	Mrs. Josh E. Blessed,	5208 Fa	ils of Neus
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <u>IMMEDIATE C</u> DUE TO, OR A	pneumonia AUSE IS A CONSEQUENCE OF:	2/009	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR	(c)	hosis of liver as a consequence of:		
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FO	OR WHICH OPERATION WA	AS PERFORMED	21. 4	AUTOPSY? (Yes or No)  Ves
UNDERLYING OR CONTRIB-	2B. PLACE OF INJURY(e.g., ome, form, foctory, street, office	in or obout 22C. WHERE DID (if in Boltimore C bldg., etc.)	ity, give exoct local	-
22D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	22E, INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE ORK		
ACTUAL SIGNATURE EXAMINER'S Ronald N. K6 NAME (Type)	Accident Suicid D D D D D D D D D D D D D D D D D D D	ASSOCIATE MEDICAL EXAMINER	a manner	DATE SIGNED
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE  COCOMMINATION STATEMENT	24C. NAME of CEMETERY  SECURITY  ME OF REGISTRAR	POCESSING Balli 25C. FUNERAL DIRECTOR	(City, town, or co	mol
AUG23 1972 Signey	Monton	Henry and	142000)	ACO'S

San to the white Mr. Exhibited in the 1.054 15 346 1 10 TUT 12 Tarabi Na Alteresia d to me Linear Lin dineral language

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospitol and

	_	-	10 r.00	BALTIMORE CITY	HEALTH DEPARTMENT		72 08050
1	-350	-	2 081	050CERTIFICA	TE OF DEATH	REG. NO.	
8/R	TH NO.	SED (JANE R	7.7 mV	DIMOGN	2. DATE ANI	STATE D HOUR OF DEAT	
	pe or Print)	NE TYDIA		DIMAS)	8-21-		1 6:56 PM
3.		MORE MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE (Where		institution residence before admission
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND		107
IN:	STITUTION	ADDRESS OF FOCA	A HOM)		C.CITY OR TOWN	D. IN	VSIDE CITY LIMITS?
2	THE JO	HNS HOPKINS	Hospi	TALS	E. STREET AND NUMBER		YES NO NO
					806 N BROADW	/A V	
5, 5	EX 6	RACE	7- MARRIED	NEVER MARRIED	& DATE OF BIRTH	AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.
	F	W/	WIDOWED		9/1/84	87	
don	e during most of wo	rking life, even if retired)			11. BIRTHPLACE  State or foreign	n country)	12 CITIZEN OF WHAT COUNTRY?
M	anager	Rooming Ho	use -	Retired	Maryland		USA
13.	FATHER'S NAMI				14 MOTHER'S MAIDEN NAM		
		,	F.		WILSON, JA	NE R.	
15. (Ye:	Was Doceased E	ver in U.S. Anned For f yes, give war or date	ces? as of service)	SECURITY NO.	Mr. Joseph S	R. Tvding	ADDRESS
	no			220-44-4709	1504 S. Pent	ridge.Ba	1timore Md. 21239
	18. 4/10	171		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OF CONDITION DI	RECTLY				
LEADING TO DEATH					ATORY A	PREST	
	heart failure, as	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)					
							8 1/05
		ITECEDENT CAUSES		(B) ACUT	E MYUCABIAL A CONSEQUENCE OF:	INFAR	CTION 8 HRS.
		conditions, if					
	UNDERLYING	CONDITION last.		(c) ASC	. 00		
z		11	A ITDIBIUTI I C				
51	TO THE DEATH	ANT CONDITIONS CO	HE TERMINAL	Nov	E		
CERTIFICATION	19A. DATE OF	PERATION GIVEN IN PAR	DITION POR	WHICH OPERATION	20A-AUTOPSYS (Yes or No	208 IF YES WES	RE FINDINGS CONSIDERED CAUSES OF DEATH?
RTIF	0	WAS PERI			NO	IN CERIFING	TWO 252 OF DEATH!
	21 A. ACCIDENT OR CONTRIBUT	WAS UNDERLYING	218 hon	PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(II to Boltin	more City, give exact location)
ICAL	DEATH (notify n		elc.				
MEDI	OF INJURY	Month) (Doy) (Year)		INJURY OCCURRED Not While	21F. HOW DID INJU	JRY OCCUR?	
~	(APPROX)		Wo	rk L At Work			
	22. I certify the	nat (1) (this hospital	i) attended t	he deceased from 20			56 PM 8-21 19 72
	that (I) (we) I	est saw the decease	d alive on	8-21	19 72 and the	it In (my) (aur) a	apinian death accurred an the date
	and hour and	from the causes stat	ted abave. (	I) (We) (did) (did not) v	lew the body after death.		
	23A. SIGNATUR	1.1.					238, DATE SIGNED
	C.A	ent Osbo	ine	M. D. DEGREE Phy	nding Med. Director	Staff Phys.	8-21-72
	23C. PHYSICIAN NAME (Typ	'S el			23D. ADDRESS		
	C. 1	KENT C			JOHNS HOP		
24	A. BURIAL CREM REMOVAL (Sp	ATION, 248, DATE	24C.N		MATORY 24D. LO	CATION	(City, town, or county) (State)
B	urial	Aug. 25.	1972	Greenmount	Cem. Bal	timore M	id.
25	F 1 1 1 1 1 1 1 1 1 1	Y HEALTH DEPT.	1 0	OF REGISTRAR	25C. FUNERAL DIRECTOR	ED & CON	ADDRESS
	AUGZ3 ]		THE WAY	LO NEGLECOL	1 O I C	MOG 30 MG	S.INC.BaltimoreMo
VS	150-REV. 1/1/68		11 -				

ALTERIOR BRIDESH EMESO SHI

Artis - attribution con-

. Reston , Bouley

DESCRIPTION. . = 5111

BRAN PROETIN

This certificate must be

	72 0	8051	BALTIMORE CITY	HEALTH DEPARTMENT		72 08051
BIRTH NO.	$\sim$ 0	0001	CERTIFICA	TE OF DEATH	REG. NO	E OF MARYLAND-DHWE
1. NAME OF DECEASE	LIAMS, JAN			2. DATE A	ND HOUR OF DEATH	1-D: 12 29 AA
	RE, MARYLAND, WHERE P		D DEAD	4. USUAL RESIDENCE (Wh	ere deceosed lived. If ins	titution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR I	иоп ит пт гип	I, GIVE STREET	UNKI	NOMM	402
	STATE PENIT	ENTA	124	C. CITY OR TOWN		YES NO NO
	FST ST BAD		21202	E. STREET AND NUMBER	Vije S	+
5. SEX 6. RA	LIETODO	RRIED N	EVER MARRIED DIVORCED	8. DATE OF BIRTH 4 (25 (1910	9. AGE (In years 62 lost birthdoy) 3	II Under 1 Yr. II Under 24 Hrs. Months Days Haurs Min.
10A. USUAL OCCUPATI done during most of working	g life, even if retired)	ND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (Stole or for		12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME			100	14. MOTHER'S MAIDEN NA	, (	
UNKNO				UNKNO	, )	
	in U. S. Armed Forces? es, give wor ar doles af ser	vice) S	ECURITY NO.	17. INFORMANT	RETORDS	ADDRESS
LEAD	CONDITION DIRECTLY		CAUSE OF DEATH	Pumbala		BETWEEN ONSET AND DEAT
injury or complical	eon the mode of dying, nia, etc. It meons the dis ian which caused deoth,) CEDENT CAUSES	e.g., ease,	DUE TO, OR AS	A CONSEQUENCE OF:	<del></del>	SO DAUS
DISEASES OR Conse to the about the consensation of the consensatio	ONDITIONS, il any, g ove cause (A) slaling NDITION last.	jiving Ihe	DUE TO, OR AS	A CONSEQUENCE OF: DOVASCULAR AC	CADENT	SO DAYS
TO THE DEATH BUT	I CONDITIONS CONTRIBUT NOT RELATED TO THE TERMI	ING INAL	***************************************	NONE	***************************************	**************************************
19A. DATE OF OPER	ATION 198. CONDITION WAS PERFORMED	FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or N	O) 20B, IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING	AS UNDERLYING COMMITTEE CO	21B. PLAC	E OF INJURY (e.g., in m, loctory, street, af	or about 21 C. WHERE DID	(If In Boltimore	City, give exact location)
OF INJURY (APPROX)	th) (Doy) (Year) (Hour)	21& INJU While At Work	RY OCCURRED Not While	21F. HOW DID IN.		
22. I certify that	(1) (this haspital) attend	ded the de	ceased fram	1/3/	19 72 ta	8 22 1972
./	saw the deceased alive		8/2	2 19 72 and th		an death occurred an the dat
23A. SIGNATURE	level Lyu	SD.		nding Med.	Shoff Phys.	822/72
23C. PHYSICIAN'S NAME (Type)	OBERT L. G	ME	ELL MD	30. ADDRESS 68 18 PINEH		BATTO 21212
24A. BURIAL CREMATIC	N. 248. DATE 24	C. NAME .	CEMETERY OF CRE	MATORY 24D. L	OCATION (City.	town, or county) (Stote)

AUG23 VS 150-REV. 1/1/68

Burial 25A. DATE REC'D

8/24 DEPT.

1972

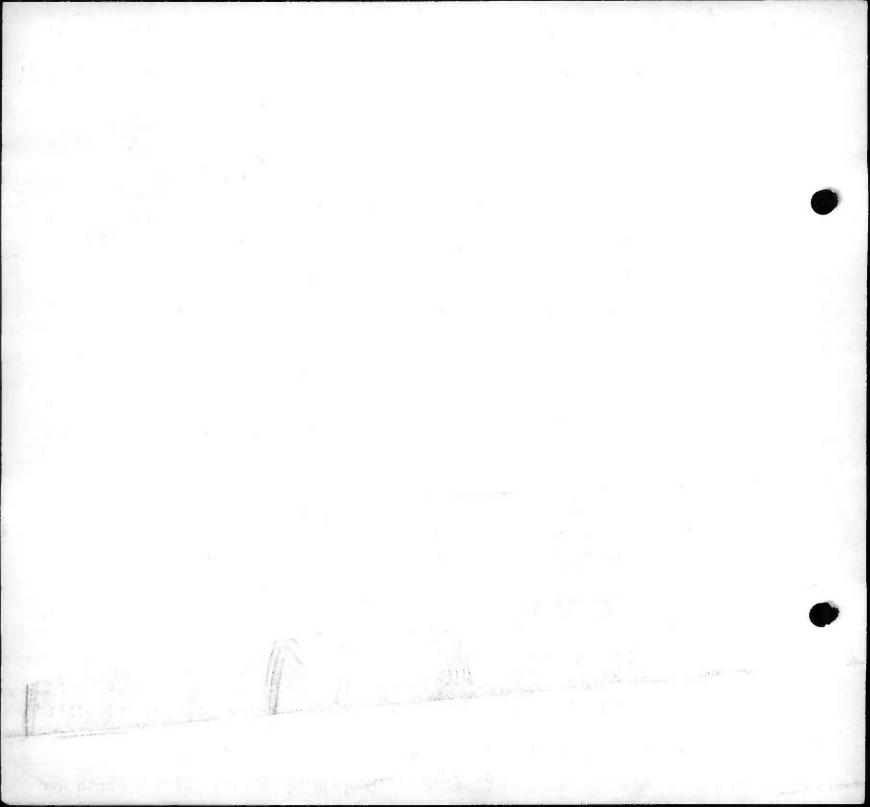
72 M

Auburn

Baltimore, Cemetry 25C. FUNERAL

ADDRESS

Adblohus Halstead 1206 North Ave



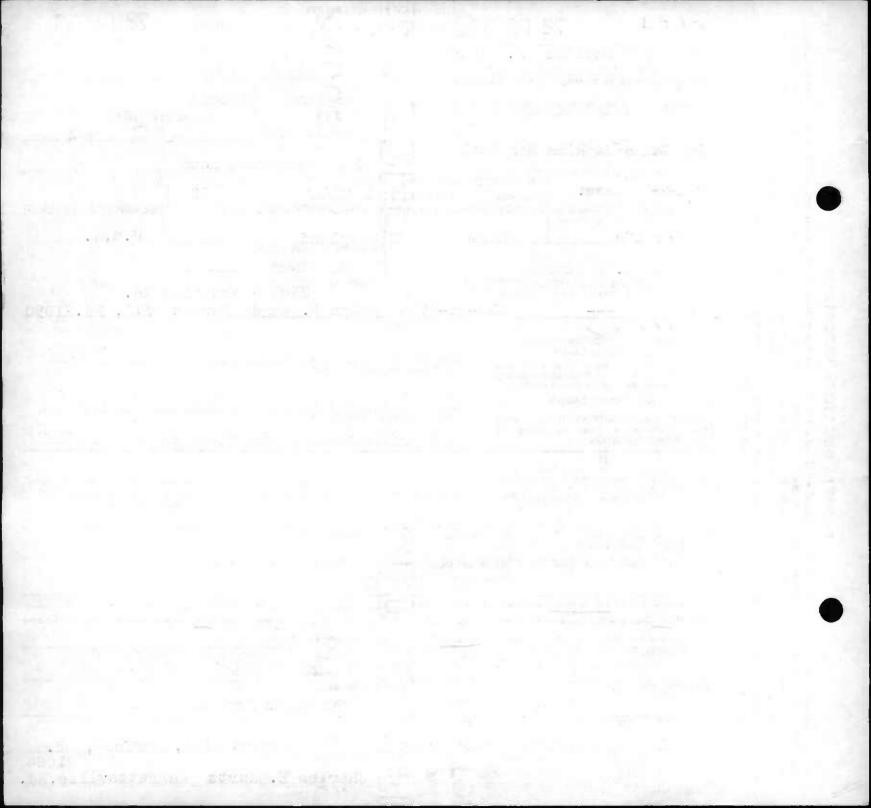
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	BALTIMORE CIT	Y HEALTH DEPARTMENT	72 08052		
BIRTH NO. Delaurito 72 (8)	52 CERTIFICA	TE OF DEATH TEG NO.	OF MARYLAND-DELLY		
T. NAME OF DECEASED (Type or Print)	Tessen	2. DATE AND HOUR OF DEA	18:50 PM		
3. PLACE IN BALTIMORE, MARTLAND WHERE P	RONOUNCED DEAD	A STATE DELAWARE SUSSEX			
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET				
HOSPITAL OR ADDRESS OR LOCATION INSTITUTION HOPKING HOS	PITAL	REHOBOTH BEACH	NSIDE CITY LIMITS?		
33		E. STREET AND NUMBER RD # 1 BOX 324 E			
10	RRIED NEVER MARRIED OWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday)	Months Days Hours Min.		
IOA, USUAL OCCUPATION (Give kind of work 108, Kindone during most of working life, even if refired)	NO OF BUSINESS OR INDUSTRI		12. CITIZEN OF WHAT COUNTRY?		
		Milford Delaware	USA		
13 FATHER'S NAME GEORGE JESSEN JR.		HELEN G. WARRINGT	ON		
	II & SOCIAL	17. INFORMANT	ADDRESS		
15. Wee Deceased Ever is U. S. Armed Forces? (Yes, no or unknown) Uf yes, give war or dotes of se	SECURITY NO.				
18. 4 - 14. 21	CAUSE OF DEAT		APPROXIMATE INTERVAL		
DISEASE OF CONDITION DIRECTLY		1 . 5 - 1 15	BETWEEN ONSET AND DEATH		
LEADING TO DEATH	LEADING TO DEATH CAUSE A MOVIC ENCOPHALINA THY TO				
(This does not mean the mode of dying, heart failure, authenia, etc. It means the di	BIG DIETO OP AS	A CONSEQUENCE OF:			
injury or complication which caused death.)		Condidornator Ano	T		
ANTECEDENT CAUSES	(8)	Commission			
DISEASES OR CONDITIONS, If any, rise to the above cause (A) stating	1///	hung + hant Propose - Etal	12,7		
UNDERLYING CONDITION last.	(c)	Titles busine - Title	17'		
OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITIMO	46.1			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM OF CONDITION GIVEN IN PART 1 (A).	AINAL				
19A DATE OF OPERATION 19E CONDITION WAS PERFORME	FOR WHICH OPERATION	20A AUTOPSTY ITES OF NO. 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH Inolity medical examined	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (II In Balti office bidg, INJURY OCCUR?	Imare City, give exact (acation)		
21D.TIME IMonth) (Doy) (Year) (House	216 INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	/		
(APPROX)	While At At Work		1/4 10		
22. I certify that (H) (this hospital) otter	nded the deceased from	2 108 19/10	6/11 19/2		
that(1) (we) lost saw the deceased ally		19 72 ond that In (my) (our)	opinion deoth occurred an the dote		
and have and from the causes stated ab	ove (1) (We) (did) (did nat)	view the body after death.			
234 SIGNATURE W. T.	M M DEGREE PH	ending Med. Stoff Phys.	6/4/72		
23C. PHYSICIAN'S NAME (Type) Michael V. John	INSTON M.D.	JOHNS HOPKINS	NOSP		
	24C. NAME of CEMETERY of CE		(City, town, or county) (State)		
Ring al 258. Nate REC'D BY HEALTH DEPT. 258. N	Henlonen Memo	Piel Park Wilton, D. 1	ADDRESS		
MIC23 1079 4:1	1 milas	Mar Malle	Delaware		
VS 150-REV. 1/1/68	And Annual Control of the Control of	2 4 A 4 3 /			

· III. - WESESH BER 3 W.Taring .. Wasan

FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained beforethe remains are embalmed or final disposition is made.
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. ()			HEALTH DEPARTMENT		140 00000
BIRTH NO	630 72 08	8053 CERTIFICA	TE OF DEATH	STATE OF	72 08053 F MARYLAND-DHMM
1, NAME	OF DECEASED Lucille S	· Ward	2. DATE A	AND HOUR OF DEATH	1557/p M.
3. PLACE	IN BALTIMORE, MARYLAND, WHERE PR	ONO UNCED DEAD	A STATE B COU	tere deceased lived. If i	nstitution: residence before admission)
FULL NA	ME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Maryland	Harford	6200
INSTITUTI	ION				SIDE CITY LIMITS?
3			Forest Hil	. 1	YES NO X
The	e Johns Hopkins Hos	spital	E. STREET AND NUMBER 2300 Rocksp	oring Road	
5. SEX	6- RACE 7- MARI	NEVER MARRIED	8. DATE OF BIRTH		Months Days Hours Min.
Fen	nale Cauc. wpo	= =	3/22/19	9. AGE (In years lost birthdoy) 53	Months Days Hours Min.
IOA. USUA	AL OCCUPATION (Give kind of work 108 KIN		and the second s		12. CITIZEN OF WHAT COUNTRY?
	g most of working life, even if refired)				
Но	ousewife	Home	Maryland		U.S.A.
	R'S NAME		Maryland 14 MOTHER'S MAIDEN N.	AME	
	John C. Smithson			n Phillips	
15. Wee D	Pecoused Ever in U. S. Armod Forces? unknown) (If yes, give war or dates of serv	1 6 SOCIAL	17. INFORMANT 2300	Rocksprin	ADDRESS
				_	_
No		219-05-1724	Ralph R. Wa	rd Forest	
18. 2	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAL	ise thingte	nsion	18hrs.
(This	does not mean the mode of dying,	DIETO OR AS	A CONSEQUENCE OF:		
heart	failure, asthenia, etc. It means the dis-	rase,			
11101					181.0
	ANTECEDENT CAUSES	(8)	ens13		18 hrs.
	ASES OR CONDITIONS, If any, gi		A CONSEQUENCE OF:	,	
	to the above cause (A) stating ERLYING CONDITION last.	the Rend	faulus On	Inner	thin 11 der
- ONTO	TREING CONDITION ISS.	(C)		7	
	11				
OOTHE	R SIGNIFICANT CONDITIONS CONTRIBUT HE DEATH BUT NOT RELATED TO THE TERMI				
V DISEA	ASE OR CONDITION GIVEN IN PART 1 (A).	INAL			
일 19A-D	DATE OF OPERATION 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSYT (Yes or	No. 208, IF YES, WERE	FINDINGS CONSIDERED
O THE TO THE DISEAS OF THE DIS		ertic aneum	Yes		NO
U 21A.	ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g.	n or obout 21C. WHERE DID	(If In Boltime	ore City, give exact location)
OR C	ONTRIBUTING CAUSE OF	home, farm, factory, street, a	fice bidg. INJURY OCCUR?		
21 D. 1		21E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
₹ (APPR		While At Work At Work	• 🗆		
				- 7- 0	10.11- 75
	certify that (1) (this hospital) attend		5/9	19 72-10 8	12/1 19 72
thot	(1) (we) lost sow the deceased office	on 6/21	19 72 and	that in (my) (our) op	inion death occurred on the dots
11	hour and from the causes stated above	/	day the hody ofter death		
	SIGNATULE	ici (i) (alcintato) (alcintato)	Tien the body offer deal	-	23B. DATE/SIGNED
	Chli.	An	ending Med.	Stoff ICA	8/21/72
	1 1 00	DEGREE Phy		Staff Phys.	0/21/2
23C.	PHYSICIAN'S NAME (Type)	/	23D. ADDRESS		
	Jack A.	noth	The John	s Hopkins	Hospital
24A BISB	/	DEGREE			City, town, or countyl (State)
REN	MOVAL (Specify)	IC. NAME OF CEMETERY OF CR	EMAIORT 24D.	LOCATION (C	only, town, or county! (state)
Bur	ial 8/24/1972	Deer Creek	FO	rest Hill.	Harford, Md.
		ME OF REGISERAR	25C. FUNERAL DIRECT		ADDRESS 27 09/1
11 /11	623 1972 Didgley	Nowon	(Chan I'm a I'm	OV.	21U04
			ocharles E.	Murtz J	arrettsville, Md.
VS 150-R	EV. 1/1/68				



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceases was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Sucl written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRE	This certificate must be approved by the chief medical exthe body was released to the hospital by a medical exshows: (1) An accident of any nature; (2) Body burns; (3) was D.O.A. at a hospital (except where the physician deceased prior to death); and (6) No physician was in written approval must be obtained before the remains a

1. N	AME OF DECEASED	TE OF DEATH  2. DATE AND HOUR OF DEATH	ID-D
(Тур	e or Print MILDRED MARY WEITZEL	August 14, 1972   124	0
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived, if institution; residence before a STATE B. COUNTY	ofe odn
	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 7	5
INS	TUTION	C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?  YES A NO	
	7710 Daniels Ave.	E. STREET AND NUMBER	
.0		7710 Daniels Ave.	
	MARKIED NEVER MARKIED	lost birthday) Months Doys Hour	Under 2
		11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHA	AT CO
der.	during most of working tile, even if retired) ELE. Operator Balto City Schools	Virginia USA	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William Cavan	Ida Harper	
15. Y	Was Deceased Ever in U. S. Armed Forces?  s, no or unknown) (lif yes, give wor or doles of service)  SECURITY NO.	17. INFORMANT 1;604 Spur R	d.
No		Mr. Walter R. Weitzel Yardley	Pa.
	18. 14.18. OF DEATH	APPROXIMA BETWEEN ONS	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SE Chrolin arthythum 14	
	(This daes not mean the made of dying, e.g., DUE TO, OR AS		un
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		
	1 / 2		
	ANTECEDENT CAUSES	SIVII	44.5
	(B)	S ( V ) Yen A CONSEQUENCE OF:	nz
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	SCVA A CONSEQUENCE OF:	nz
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	SCVD GENCE OF:	
NO	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (C)		<i></i>
ATION	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.  (C)	ulter: C V 1) year	~
TIFICATION	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		w.
CERTIFICATION	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?  In ar about 21 C. WHERE DID (If in Boltimore City, give exact locations)	
WEDICAL CERTIFICATION  2. SE E. 104.  12. A.	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?  In ar about 21 C. WHERE DID (If in Boltimore City, give exact locations)	
DICAL CERTIF	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?  In ar about 21C. WHERE DID  (If in Boltimore City, give exact location in the bidg., in	
DICAL CERTIF	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?  In ar about 21C. WHERE DID (If in Boltimore City, give exoct locoti fice bldg., INJURY OCCUR?	
MEDICAL CERTIF	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.)	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?  In ar about 21C. WHERE DID (If in Boltimore City, give exact location in the bidg.)  21F. HOW DID INJURY OCCUR?	ion)
MEDICAL CERTIF	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Ye'or) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.)  22. 1 certify that (1) (this hospital) ottended the deceased from	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?  In ar about 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	ion)
MEDICAL CERTIF	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Ye'or) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on the contribution of the contribution of the deceased from that (1) (we) lost sow the deceased alive on the contribution of the contribution of the deceased from the contribution of the deceased dive on the contribution of the contribution of the deceased from the contribution of the deceased dive on the contribution of the deceased from the contribution of the deceased dive on the contribution of the deceased from the contribution of the deceased dive on the contribution of the deceased from the contribution of the deceased dive on the contribution of the deceased dive on the contribution of the deceased from the contribution of the deceased dive on the contribution of the deceased divergence of the contribution of the co	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERE IN-CERTIFYING CAUSES OF DEATH?  In ar about 21 C. WHERE DID (If in Boltimore City, give exact location of the bidg. INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	ion)
MEDICAL CERTIF	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING AVER FOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED White At Not Whill At Work  22. I certify that (I) (this hospital) ottended the deceased from that (I) (we) lost sow the deceased alive on and hour and fram the causes stated above. (I) (We) (did) (did not)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERE IN-CERTIFYING CAUSES OF DEATH?  In ar about 21 C. WHERE DID (If in Boltimore City, give exact location of the bidg. INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	ion)
MEDICAL CERTIF	DISEASES OR CONDITIONS, if any, giving rise la lhe abave cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION PS. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Ye'or) (Hour) 21E, INJURY OCCURRED While At Work At Work  22. I certify that (1) (this hospital) ottended the deceased from that (I) (we) lost sow the deceased alive on and hour and fram the causes stated above. (1) (We) (did) (did not) Attended the deceased from that (II) (we) lost sow the deceased alive on and hour and fram the causes stated above. (1) (We) (did) (did not)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?  In ar about 21C. WHERE DID fice bidg. INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 10 119 119 120 130 140 150 160 170 180 180 180 180 180 180 180 180 180 18	ion)
MEDICAL CERTIF	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Ye'or) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that (1) (this hospital) ottended the deceased from that (I) (we) lost sow the deceased alive on ond hour and fram the causes stated above. (I) (We) (did) (did not) DEGREE Phy	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?  In ar about 21C. WHERE DID fice bidg. INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 10 119 119 120 130 140 150 160 170 180 180 180 180 180 180 180 180 180 18	ion)
MEDICAL CERTIF	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING AND PROBLEM (C).  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that (1) (this hospital) ottended the deceased from that (1) (we) lost sow the deceased alive on ond hour and fram the causes stated above. (1) (We) (did) (did not) 23A. SIGNATURE	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE FINDINGS ONSIDERE IN CERTIFYING CAUSES OF DEATH?  In ar about 21 C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19  19  10  19  10  10  11  11  12  13  14  15  16  17  18  18  19  19  19  10  10  10  10  10  10  10	ion)
MEDICAL CERTIF	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A.DATE OF OPERATION PS. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Ye'or) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that (I) (this hospital) ottended the deceased from that (I) (we) lost sow the deceased alive on ond hour and fram the causes stated above. (I) (We) (did) (did not) at the cause of the cause	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERE IN-CERTIFYING CAUSES OF DEATH?  In ar about 21C. WHERE DID IN-CERTIFYING CAUSES OF DEATH?  (If in Boltimore City, give exoct locotic linguage of the bidg. INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	19. d on th
MEDICAL CERTIF	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on ond hour and fram the causes stated above. (1) (We) (did) (did not) OTHER CAUSE OF OTHER CAUSE	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?  IN CERTIFYING CAUSES OF DEATH?  (If in Boltimore City, give exoct locotic linguage)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19  19  10  10  11  12  13  14  15  15  16  17  18  18  19  19  19  19  10  10  10  10  10  10	ion)
MEDICAL CERTIF	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED White At Not White At Work At	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?  IN CERTIFYING CAUSES OF DEATH?  (If in Boltimore City, give exoct locotic linguage)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19  19  10  10  11  12  13  14  15  15  16  17  18  18  19  19  19  19  10  10  10  10  10  10	19 J



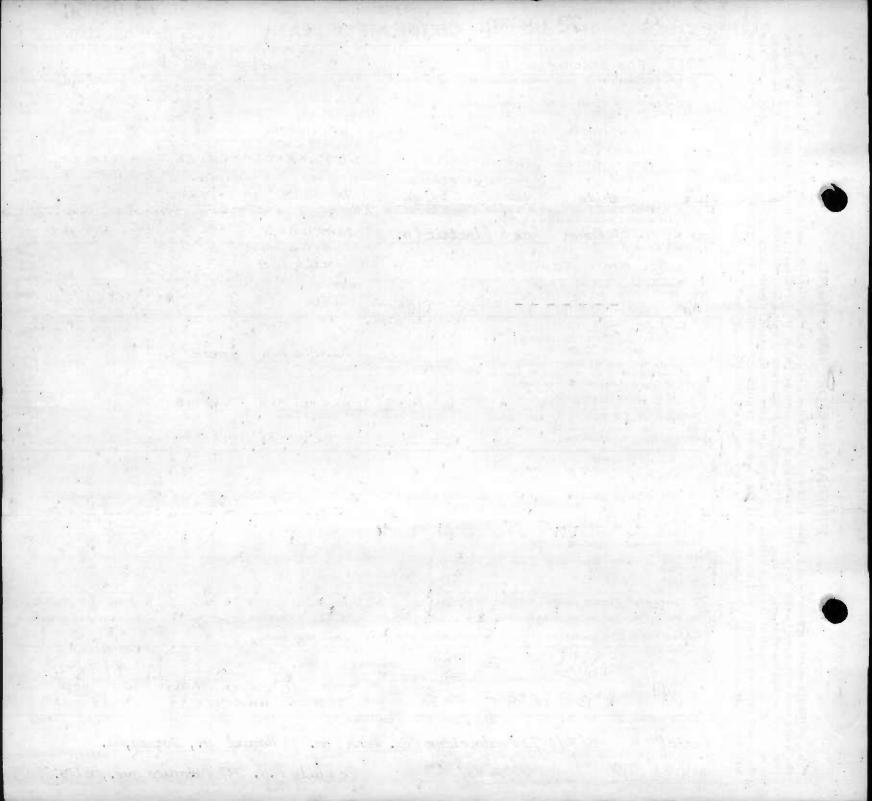
72 08055	BALTIMORE CITY	HEALTH DEPARTMENT	/	2 66000
14-630	CERTIFICA	TE OF DEATH	REG. NO.	
BIRTH NO.	CERTIFICA		STATE OF DEATH	MARYLAND-DHAW
(Type or Print) Hannah HA	RDY	8-27		15 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNG	CED DEAD	4. USUAL RESIDENCE (Where		titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION	ON GIVE STREET	Maryland		807
HOSPITAL OR ADDRESS OR LOCATION)	or to or the or	C. CITY OR TOWN	D. INSIC	DE CITY LIMITS?
0 1513 E. Federal St	212/3	Baltimore		YES X NO
1813 L. Peauler 31	21213	E. STREET AND NUMBER		
		1513 East Fede	eral Street	
5. SEX 6. RACE 7. MARRIED X	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
Female Negro WIDOWED	DIVORCED	12-5-07	64	
IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Raleigh Mfg. Co. Raleigh	Mfg. Co.	North Carolina		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
Hilley Taft		Bessie Hornes		
15. Was Deceased Ever in U. S. Armed Forces?	SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of service)	35-16-4298	Mrs. Bessie Skip	pper 1513 E.	Federal St. 21213
18.22771	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1/ 20 0	21/1	
LEADING TO DEATH	(A) IMMEDIATE CAU	ISE H-AS-C	-VD	Severalyrs
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
injuly of complication which caused death.)		Bles	. 1	
ANTECEDENT CAUSES	(B)	obes	lly	्र स्
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)			
11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	CH OPERATION	20A. AUTOPSY? (Yes or No.)	208. IF YES, WERE F	NDINGS CONSIDERED SES OF DEATH?
ERI		no		
OR CONTRIBUTING CAUSE OF home, etc.)	ACE OF INJURY (e.g., i form, factory, street, of	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
	JURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
S OF INJURY While	At   Not Whil	e 🗂		
W drk	At Work		9	-21 - 72
22. I certify that (1) (this hospital) attended the	deceosed Hom	770 1	9 to O	19/
that (I) (we) lost saw the deceased alive on	8-21-	19 / ond the	at in (my) (our) opin	ian deoth accurred an the date
and hour and fram the causes stated above. (1)	(did nat) v			
23A. SIGNATURE			/	238, DATE SIGNED
ferma tchaer on	DEGREE Phys	mding Med. Director	Staff Phys.	8-22-12
23C. PHYSICIAN'S NAME (Type) HERMAN SCHAL		BP. Hosts 4	1940 East	ery ave 21224
	DEGREE E of CEMETERY of CRE	EMATORY 24D. LC	OCATION (Cit	/, lown, or county) (State)
Burial (Specify) 8-25, 72 Mary	land Nationa	1 Pk. Lau	rel, Maryla	nd
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF		25C. FUNERAL DIRECTOR		
1. 100	Sant a	Marshall W.		1 Ave. 21213
AUGZ 1972 John Mary		4 4 5	001100, 01.	

	BITCHEST	2
	final disposition is made.	vritten approval must be obtained before the remains are embalmed or final disposition is made.
1	nce on the deceased prior to death. Such	leceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	death was in regular attendance on the	vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
	r kind; (4) Undetermined cause; (5) Deceased	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
	the direct or contributing cause of death	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
	ssistant it death occurred in a nospital and	his certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and

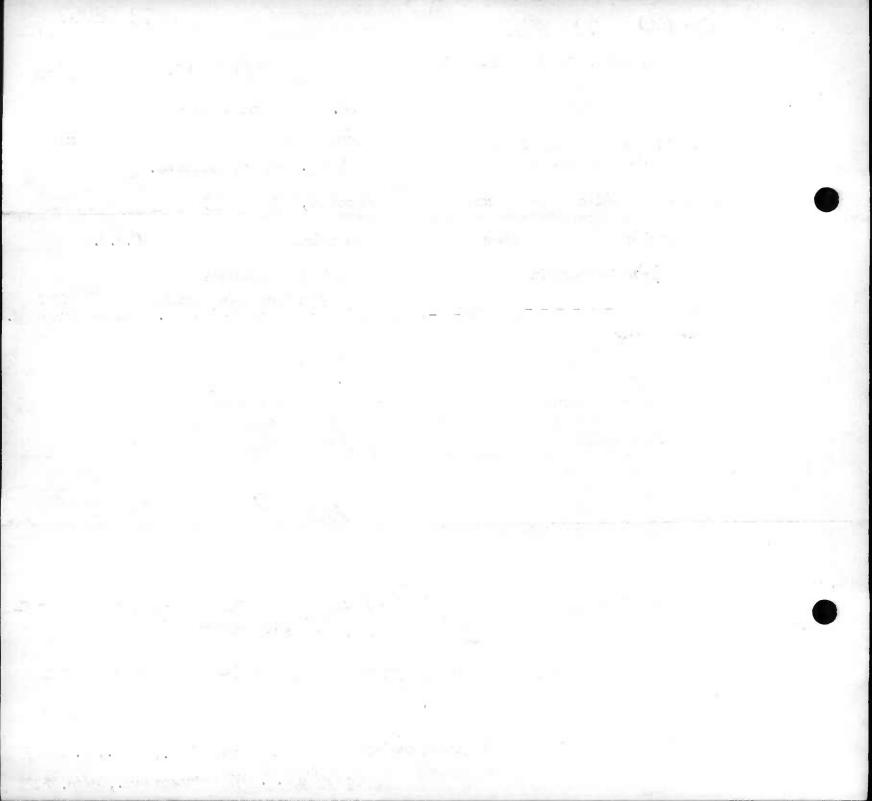
shows: (1) A was D.O.A.

decease

BALTIMORE CITY HEALTH DEPARTMENT 72 08056 REG. NO CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH NAME OF DECEASED ype or Print) 8/20/72 FOX. 6.55 THOMAS H. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) . PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A. STATE MA (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR NSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? HOSTITAL BALTIMORE GEN. BALTIMORE YES X SOUTH NO 3001. S. HANOVER STREET E. STREET AND NUMBER MARYLANA 21230 MONETA COURT BROOKLYN. 1107 BALTIMORE SEX If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min. 6. RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED fost birthdoy) 7-16-1894 Male White WIDOWED DIVORCED OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? one during most of working life, even if retired MARYLAND U.S.A. Yas RETILLED Maken yas & Electric (o. 3. FATHER'S NAME 4. MOTHER'S MAIDEN NAME NIRGINIA WILLIAM FOX ADDRESS . Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT es, no or unknown) (If yes, give wor or dotes of service SECURITY NO. ABOVE. AS wift 215057027A No CAUSE OF DEATH 18. / APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE CARDIOGE NIC SHOCK (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES POLMONARY DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the MYOCARDIAL INFARCTION. UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED NO 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from 19 72 120 that (1) (we) last sow the deceased alive on. 1972 ond that in (pay) (our) opinion death occurred on the date and hour and from the causes stated above. (W) (We) (did) (did not) view the body ofter death. 23B, DATE SIGNED 23A. SIGNATURE MBRE Attending [ Director L 23C. PHYSICIAN'S 23D. ADDRESS SOUTH BALTO CON. 10 NAME (Type) 3001. HANGVEK ST BALTO IMA 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION Meadowridge Mem. Park Howard ( Dorsey. Md. 25C. FUNERAL DIRECTOR Patapsco Ave. Balto. 21225 VS 150-REV. 1/1/68



	S-400 72 0	CUEL	TE OF DEATH REG. N	
	Pe or Print) MRS. THE	RESA F. SKELLY	2. DATE AND HOUR OF D	ATE OF MARYLAND-DEMB
3,	PLACE IN BALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased live	
H	JLL NAME OF OSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET (ATION)	C. CITY OR TOWN DO	
15	CHURCH HOME & HO	SPITAL	Glen Burrie  E. STREET AND NUMBER	YES NO X
L	BALTIMORE, MARYL	AND	401 E. Furnace Bran	ch Rd.
11 ,	SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year lost birthday)	
	emale White	WIDOWED DIVORCED DIVORCED DIVORCED	March 21, 1899 73  11. BIRTHPLACE (State or foreign country)	
do	ne during most of working life, even if retired) Housewife		44	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	Home	Maryland 14. MOTHER'S MAIDEN NAME	U.S.A.
	John Hartenste	ein.	Tillie Wehgratner	
15. (Ye	Was Deceased Ever in U. S. Armed Fors, no or unknown) (If yes, give war or date	11.6 50.0141	17. INFORMANT	. ADDRESS
	No	217-22-9513	17. INFORMANT Daughter Glen Bi (athaleen Hartenstein 30	urnie 21061 09 E. Furnaca Branch Rd
	18.5 / 9.3 1	CAUSE OF DEAT	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DI LEADING TO DEATH		Ca dishilana a	
	(This does not meen the mode of heart failure, asthenia, etc. It means	dying, e.g., (A) IMMEDIATE CAL	SE Cardiopulmonary a ACONSEQUENCE OF:	wer.
	injury ar complication which caused	deoth.)	4 1 01	
	ANTECEDENT CAUSES	(8) Tuln	ionany Ocdora Chron	u'e
	DISEASES OR CONDITIONS, if	any, giving DUE TO, OR AS sloting the	A CONSEQUENCE OF: Ohshuchi	n
	UNDERLYING CONDITION Iosl.	(c)	rumany Dr.	scare
ATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR	THE TERMINAL	***************************************	
CERTIFICATION	19A-DATE OF OPERATION 19B CON WAS PER	IDITION FOR WHICH OPERATION FORMED	20A. AUTOPSY7 (Yes or Ro) 20B. IF YES V	WERE FINDINGS CONSIDERED 3 CAUSES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	or obout 21C. WHERE DID (If In Boice bidg., INJURY OCCUR?	olitimore City, give exoct location)
MEDI	21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21 E INJURY OCCURRED  While At Not While  Work At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (1) (this hospital		7 2 19 72 10	8/20 19 72
	that (1) (we) last saw the decease		19 7 2 and that In(my) (our	) apinion death accurred an the date
	and hour and fram the causes stat	ted abave. (I) (did) (did nat) v	ew the body after death.	
	23A. SIGNATURE Myensu	Afildigu M.D. Athe	ding Med. Staff Phys.	238. DATE SIGNED / 72
	23C. PHYSICIAN'S NAME (Type) M. YOU	SUF SIDDIQUIN	3D. ADDRESS	
24/	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (Stote)
11 6	urial 8/24/19	972 Holy (noss (emet	enu Anna Anna II	C. Balta MJ 2122
25/	ALGO AY HEALTH DEPT	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS ADDRESS
	- 1012 / 0/04	The state of the s	Me (ally + . # 237 Pate	apsco Ave. Balto 21225

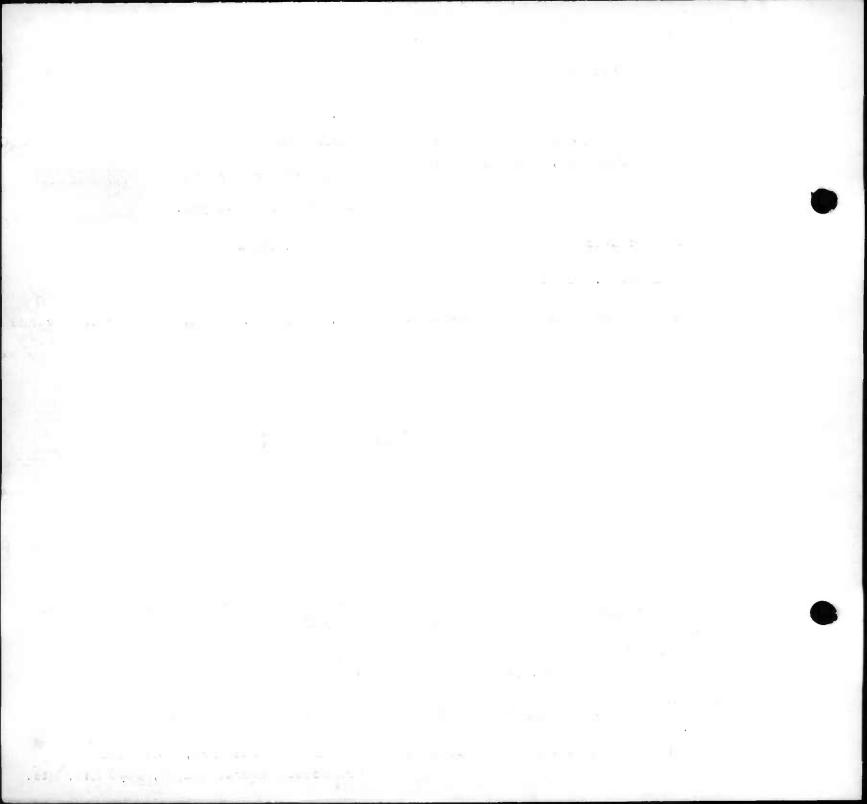


This certificate must be appraved by the chief medical examiner or his assistant if death accurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

	10		20 00	A3.	BALTIMORE CIT	Y HEALTH DEPARTM	ENT		72	08058
	BIRTH NO.	)	12 08	058	CERTIFICA	ATE OF DEA	TH	REG. NO	OF M	ARYLAND-DHMH
	1. NAME OF D					2, D	ATE AND	HOUR OF DEATH	04 24	.2.2.444410 374444
		Lewin					8- 2	12-72		1:45 P.
	3. PLACE IN B	ALTIMORE, MA	RYLAND, WHERE P	RONOUNCE	D DEAD	4. USUAL RESIDENCE	E (Where	deceased lived. If in	stitution: r	esidence before admission)
	FULL NAME O	F /IF NOT	IN HOSPITAL OR I	METITUTO			COUNTY		,	7705
	FULL NAME OF HOSPITAL OR	ADDRES	IN HOSPITAL OR I	M31110 IION	, GIVE STREET	Md.		10. 101-1		2160
	20							D. INSI	DE CITY L	_
	00		ayward Av			Baltimor	URER		YES X	NO []
6		Baltim	orem Mar	yland	21215					
P	5. SEX	6. RACE	7. AA A D	DIED E-T NI	EVER MARRIED	8. DATE OF BIRTH	ward	Avenue	1 0 10 2	
BB	3.6	717					lias	i Diffinday)	Manths	Doys Hours Min.
.5	M IOA. USUAL OC	CUPATION/Give	kind of work IOR MAN	WED _	DIVORCED	2/14/8xx	93	79 yrs.		
E .	dane during most	f working life, eve	en if retired)	ID OF BUSI	ME22 OK INDUSTR	11. BIRTHPLACE (State	ar fareign	country	12. CITI	ZEN OF WHAT COUNTRY?
=	Auto N	Aechanio				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Marvl	and		TTC
dispasition is	13. FATHER'S N.	AME				14. MOTHER'S MAID	EN NAME	anu		USA
Sp	T -		m .							
	15. Was Deceose	mes G.	Armed forces?	11 6. 6	OCIAL.	Rowe				
final	(Yes, na or unknow	m) (If yes, give	Armed Forces? wor or dates of sen	rice) S	ECURITY NO.	17. INFORMANT				ADDRESS
<u>.</u>	Yes	World	l War I	21	7-22-4139	Mrs. Jons	on I	Trout 40	14 H-	yward Avenu
0	18. 4//	0.91			CAUSE OF DEAT	н		11001. 40		APPROXIMATE INTERVAL
ס	DISE		ITION DIRECTLY			h a	4		, [	SETWEEN ONSET AND DEATH
balme	(This does	LEADING TO			(A) IMMEDIATE CA	USE HULL	Corps	iam occlu	Supp	
0	neart tailute	, aslhenia, elc	mode of dying, It means the disc	e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	*********	X.X.X.X	77.	*********
	injury at co	mplication whi	ch caused death.)		C	1.	11.	. 0 . 0		
E .		ANTECEDENT			(a) Con	gerting Mar	HH	aller		
910	DISEASES	OR CONDITI	ONS, if any, gi	ving	DUE TO, OR AS	A CONSEQUENCE OF	1			*****************
ns o	UNDERLYIN	he above co IG CONDITIO	use (A) stating	lhe	in Av	GiMG K	exto	n.s		
<u> </u>		14	1 1036		(c)	C TO VC-1		100		***************************************
the remai	Z OTHER SIGNI	IFICANIZ CONIDE	TIONS CONTRIBUTI							
9	TO THE DEA	THE DIST MATE	A TEN TO VILLE YEAR IS	NG NAL					J	
9	O DISEASE OR	CONDITION GIV	EN IN PART 1 (A).		OREDATION	120A	84 10 0	44		
=	21A. ACCIDI		WAS PERFORMED	OK WINCH	OFERRION	ZVA. AUTOPST? (Tel	1:	08. IF YES, WERE F	INDINGS ISES OF D	CONSIDERED EATH?
btained betare	21A. ACCIDI	ENT WAS UND	ERLYING [7]	218. PL AC	F OF INTURY (o. o.	n or obout 21 C. WHERE				
0	OR CONTRIB	ENT WAS UND UTING CAU: y medicol exom	EOF	hame, lom	, lactory, street, a	fice bldg., INJURY OCC	UR?	(If In Boltimore	City, give	exoct lacation)
<u> </u>	9									
ě	OF INJURY	(Manth) (Do	y) (Year) (Hour)		RY OCCURRED	21f. HOW D	ID INJURY	OCCUR?		
<b>=</b>	(APPROX)			While At	Not While	• 🗆 📗				
	22. Legetify	that (1) (this	hospital) attend	ed the dec			19 /	19. 9-1	91)	779
0			deceased alive		8-3	40				19/0
Pe	1 / /						and that i	n(my) (our) apin	ion deoti	occurred an the date
must	23A. SIGNAT	ia tram the ca	uses stated abay	e (1) (We)	(did) (did nat) v	lew the body after d	eath.			
	1/1/	///	. L. fin		DAM:				23B, DATE	
ē	Ill	Mell	uner		DEGREE Phys	nding Med.	Stal Phy		8-	23-72

PHYSICIAN'S NAME (Type) written apprav 23D. ADDRESS 8 24A. BURIAL CREMATION, REMOVAL (Specify) DEGREE 24B DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) Burial 25A DATE RECT BY AUG24 172 Lorraine . 258. NAME OF REGISTRAR 8/25/ BY HEALTH DEPT./ Park Cemetery Baltimore, Maryland

25C. FUNERAL DIRECTOR
Arma Cost Funeral Chapel 212600 Lib. Hts. 1972 VS 150-REV. 1/1/68



ifficate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	L.
This certificate must be a	the body was rel	shows: (1) An acc	was D.O.A. at a	deceased prior to	written approva	

			BALTIMORE CITY	HEALTH DEPARTMENT		72 08059
10.262	L 72	0.805	9 CERTIFICA	TE OF DEATH	REG. NO.	
BIRTH NO.	EASED				STATE OF	MARYLAND-DHME
(Type or Print)	Edward	Ne	serke		t 21,1972	1 (SIEP
3. PLACE IN BAL	TIMORE MARYLAND, W			4. USUAL RESIDENCE IWhen	e deceased lived. If in	stilution; residence before admission)
FILL MANAGOS	WE MOT IN MARKET			A. STATE B. COUN	ΤΥ	1719
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTIT (TION)	UTION, GIVE STREET	Maryland C. CITY OR TOWN	In this	
Mainotion				Baltimore	D. INSI	YESX NO NO
5506 M	agnolia Ave.			E. STREET AND NUMBER		YESX NO .
3300 11	agnoria ave.			5506 Magnol	ia Ave.	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un veors	If Under 1 Yr. , If Under 24 Hesa
Male	Cauc.	WIDOWED	DIVORCED	Sept. 1, 1894	last birthdoyl	Months Doys Hours Min.
IOA. USUAL OCCI	UPATION (Give kind of work	10B KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Owner	working life, even if retired) of Solvit Cl	nemical	Company	Maryland		
13. FATHER'S NA		Temitai	Company	Maryland 14. MOTHER'S MAIDEN NAM	AC	U.S.A.
	Charles	Nese	rke			intone
15 Was Dasser	Even In 11 & A-v 1 E			Doroth	у В:	istone
Yes, no or unknown	Ilf yes, give wor or dote:	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	WW I		213-05-2497	Eva M. Neserk	e Same a	as # 4.
18. / 6 2	2,/1		CAUSE OF DEATH	i i		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DIR	ECTLY			0.141	
	LEADING TO DEATH	4*	(A) IMMEDIATE CAU	SE Carcinona d	Niget nos	1 2-3 years
heart failure.	of mean the mode of asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
	plication which caused	death.)		2		
	ANTECEDENT CAUSES		(B) ASC	A CONSEQUENCE OF:		9 years
DISEASES C	R CONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	****************	
	above cause (A) CONDITION last	stoling the	10 Sronch	sel Asthura		3 worr (
	П		(0)			
O OTHER SIGNIF	CANT CONDITIONS CON	TRIBUTING				
V DISEASE OR C	H BUT NOT RELATED TO TH ONDITION GIVEN IN PART	1 (A).	*****************			***************************************
OTHER SIGNIF TO THE DEAT DISEASE OR CO 19A-DATE OF 21A-ACCIDEN	OPERATION 198 CONE	ORMED	WHICH OPERATION	20A. AUTOPSY? IYes or No.	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUT	IT WAS UNDERLYING THE TRING CAUSE OF medical examines	21 B hom	ie, form, foctory, street, of	or about 21 C. WHERE DID	(If In Boltimore	e City, give exact facation)
DEATH (notify  21D. TIME OF INJURY	(Month) (Doy) (Year)	(Houd 21E	INJURY OCCURRED	21F. HOW DID INJU	104 0 0 01100	
OF INJURY			ile AI Not White	ZIN HOW DID INJU	JRT OCCUR!	
		Wo				
22. I certify	that (1) (this hospital)	attended t	he deceased from	August R	9 72 to A	49USE K1 1972
that (1) (we)	last saw the deceased	d alive an	Acquist de			nian death accurred an the date
and hour and	from the causes state	ed abave. (I	) (We) (did) (did nat) vi	lew the body after death.		
23A. SIGNATU	BE Marson	7/	100			23B, DATE SIGNED
6	THO W	Then	After Phys	Med. Director	Staff Phys.	8/22/22
23C.PHYSICIA NAME (T)	N'S PLAN	(1)	DEGREE	3D. ADDRESS	( - 15)	,
24A. BURIAL CREA	MATION, 248, DATE	24C M	DEGREE	ul E. Ch	rave of	
REMOVAL (S	pecify)		AME of CEMETERY of CRE			y, town, or county)    State)
Burial	8-24-72		arkwood Cemete	ry Par	ckville, B	Balto. Co., Md.
25AAUGZ4	1912 Dids	25B. NAME	F REGISTRAR	Wm Cook Brook		Inc. Towson, Md.
VS 150-REV. 1/1/6	8	#		1		Towson, Md.

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BALTIMORE CITY HEALTH DEPARTMENT	00000
CEDTIEICATE DE DEATH	E MARYLAND-DHMI
1. NAME OF DECEASED / 0/ / 2. DATE, AND HOUR OF DEATH	. 12
(Type or Print) HIDORT Philip Hucht 8/21/72	11 p.m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD  4. USUAL RESIDENCE (Where decreased lived. If institu	tion: residence before admis
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Mary land	265
HOSPITAL OR ADDRESS OR LOCATION)  D. INSIDE (	CITY LIMITS?
to 11. 1 / Baltimore YE	S NO 🗆
The Union Memorial Hospital E. STREET AND NUMBER, 32 23 Kentucky A	Lue
5. SEX   6. RACE   7. MADDIED   8. DATE OF BIRTH   19. AGE (in year)	Under 1 Yr. If Under 24
m WIDOWED DIVORCED 11/28/08 lost birthdoyl 3	onths Doys Hours M
	2. CITIZEN OF WHAT COU
Shipping Lucas Bros. Maryland	4-5
13. FATHER'S NAME	
Harry A. Hucht Mary	
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	
No 215-01-9503 Mrs. Eva Mae Hucht - 3223 K	
18.4/0.0   CAUSE OF DEATH	APPROXIMATE INTER
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A) IMMEDIATE CAUSE ACUTE CORONNAY OCCLU	SAN IMMOD
(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	7 4500
DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A ONSEQUENCE OF:	2/clins
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 1 2
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).   198. CONDITION FOR WHICH OPERATION   200. AUTOPSY? (Yes or No.)   208. IF YES, WERE FINE	DINGS CONSIDERED
WAS PERFORMED IN CERTIFYING CAUSE	S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	ity, give exact location)
DEATH (notify medical examiner) etc.)	
O 21D TIME (Month) (Day) (York (Hour) 21E INITIALY OCCURRED 21E HOW DID INITIALY OCCURRED	1.1
S OF INJURY  (APPROX.)  While At Not While At Work  At Work	121-72 ph
00 1 W 1 W 1 W 1 W 1 W 1 W 1 W 1 W 1 W 1	2/72
that (1) (we) last saw the deceased alive an AUG, 20 19 72 and that in (my) (www.) apinian	
did file the file deceased dive and applied the file the	n death accurred an th
and haur and frag the causes stated abave. (1) (We) (did nat) view the bady after death.	n death accurred an th
and haur and tran the causes stated abave. (1) (#e) (did) (did nat) view the bady after death.	B. DATE SIGNED
and haur and from the causes stated abave. (1) (#e) (did) (did nat) view the bady after death.  23A-SIGNATURE  Attending Med. Staff	
and haur and frag the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  234-SIGNATURE  Attending Med. Skaff Phys. Director Phys. Director Phys.	
and haur and trap the causes stated abave. (1) (#e) (did) (did nat) view the bady after death.  234-SIGNATURE  Attending Med.  Director Staff Phys.	
and haur and frag the causes stated abave. (1) (We) (did nat) view the bady after death.  23A-SIGNATURE  Attending Med. Director Phys. DEGREE Phys. B. MoSES, M.P.  23D. ADDRESS  DEGREE YYS No. ANZERNE	BALD M
and haur and tran the causes stated abave. (1) (We) (did nat) view the bady after death.  23 A SIGNATURE  Attending Med. Director Phys. DEGREE Phys. B. MOSES, M. P.  23D. ADDRESS  DEGREE YYS No. AN ZERNE	BALID M
and haur and tran the causes stated abave. (1) (We) (did nat) view the bady after death.  23 A SIGNATURE  Attending Med. Director Phys. DEGREE Phys. B. MOSES, M. P.  23D. ADDRESS  DEGREE YYS No. AN ZERNE	BALID M
and haur and frag the causes stated abave. (1) (We) (did nat) view the bady after death.  23A-SIGNATURE  Attending Med. Director Phys. DEGREE Phys. B. MoSES, M.P.  23D. ADDRESS  DEGREE YYS No. ANZERNE	BALIS M
and haur and tran the causes stated abave. (1) (We) (did nat) view the bady after death.  234 SIGNATURE  Attending Med. Shaff Phys. 23D. ADDRESS  Phys. B. MOSES M. P.  23D. ADDRESS  23D. ADDRESS  24AA BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION (City, Removal (Specify) 8-24-72 Holy Redeemer Cemetery Baltimore, M. R.	BALID M

TAR/SEC Participation (Company) the court of the part of the second of the second wind to be the second section of the second 

0.10		HEALTH DEPARTMENT		72 08061
D-6/2 72 (80)	1 CERTIFICA	TE OF DEATH	REG. NO.	E OF MARYLAND-DHMH
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	The state of the s
(Type of Print) FRANCES E. S.	KARBEK	150 A.	11 8-2	2-72 M.
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRO		4. USUAL RESIDENCE (Where		stitution; residence before admission)
FULL NAME OF (IF NOT IN HOSMTAL OR IN HOSMTAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND		MORE 10
		BALTIMORE		YES NO
BALTIMORE CITY Ho 4940 Eastern Avenue	SPITALS	E. STREET AND NUMBER		
Baltimore, Maryland 21224		802 N. KE	VWOOD +	TVE
5. SEX 6. RACE 7. MARR	ED NEVER MARRIED		2. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
TEMALE WHITE WIDOW			6 S	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)	OF BOSINESS OF INDUSTRI	- 11111-		
House wife		BALTIMORE	MO.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
1 2 25 45 65 18		Ha	RATAJO	zar (1.1.
JOSEPH RATAJCJAK	II & SOCIAL	HELEN F	AIMIL	ZAK, (last name ADDRESS IMKNEUM)
15. Wee Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give war or doles of service	SECURITY NO.	11.11 (1.11		00(2/2001)
NO	Av announce	Mildred Wil	Kinson (	6812 fact tre.
18.4/7.21	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ather	oscheratio co	ronary	DETWEEN ONSET AND DENH
LEADING TO DEATH	(A) IMMEDIATE CAL		Disease.	8grs.
(This does not mean the mode of dying,	DUE TO, OR AS	A CONSEQUENCE OF:		
heart failure, astheria, etc. It means the dise- injury or complication which caused death.)	ise,			
ANTECEDENT CAUSES				
	(8)			
DISEASES OR CONDITIONS, if any, give	ing DUE TO, OR AS	A CONSEQUENCE OF:		1
rise to the above cause (A) stoling UNDERLYING CONDITION last.	(c)			
	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
TO THE DEATH BUT NOT RELATED TO THE TERMIN   DISEASE OR CONDITION GIVEN IN PART 1 (A).	Grand State of the			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A AUTOPSYR (Yes of No.	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g.,	n of about 21 C. WHERE DID	(If In Boltimo	re City, give exoct location)
O 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH inotify medical examined	home, farm, factory, street, o	ffice bidge INJURY OCCUR?		
OF INJURY (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At   Not Whi	• 🗆		
00 1 00 1 00 11 1 1 1 1 1 1 1			977 to 8	-22 1973.
22. I certify that (#) (this hospital) attend				
that (i) (we) last saw the deceased alive	on8-22_	19ond the	op-from) (vm) ni te	Inlan death accurred an the date
and hour and from the causes stated above	e. (1) (We) (did) (did-not)	view the body after death.		
23A. SIGNATURE				23 B. DATE SIGNED
DI. A. A.	Att	ending Med.	Staff Phys.	0
M. Konkam M.D	DEGREE Phy			8-22-72
PHYSICIAM'S Richard J. Lan	ham M.D.	23D. ADDRESS 4940 Eas Baltimor	e. Md. 212	224
RICHARD J. LANH			CITY HO	SPITALS
24A. BURIAL CREMATION, 124B. DATE 124	NAME of CEMETERY OF CR	EMATORY 24D. LO		ity, town, or countyl
Burial 8-25-72	St Stanislaus C	emetery	ltimore, Md	
				ADDRESS
	AE OF REGISTRAR	WALTER DARK		DUNDALK AVENUE 2122
"UG24 1972 July 1972	That Sil	1 O P T		DOUDLE VARIOR ATAS
VS 150-REV. 1/1/68		11007		

MY LEVEL TO THE STATE OF THE ST

A STATE OF THE STA

72 (8002 STATE OF MARY)					
MEDICAL EXAMINER'S (	CERTIFICATE OF DEATH	H REG. NO. 72 08062			
I. NAME OF DECEASED (Type or Print)  Harold Keyser	2. DATE Known XX Month OF DEATH Estimated 3	Poy Year Hnur 21 72 M.			
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month PRONOUNCED DEAD 8	Day Yeor Hour 21 72 8:18 a.			
116 W. University Pkwy	5. USUAL RESIDENCE (Where deceased live A. STATE Md.	ed. If Institution: residence before odmission)  B. COUNTY			
6. SEX 7. RACE 8. MARRIED NEVER MARRIED XX male White WIDOWED DIVORCED	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
9. DATE OF BIRTH 10. AGE (in years 10 Under 1 Yr. II Under 24 Hrs. 10/7/18 10st birthday) Months; Days Hours Min.	e. Street AND NUMBER  116 W. University 1	Pkwv			
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME (harles V. Keuser	. Law y			
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired) LERK Superior Unitary (0.	15. MOTHER'S MAIDEN NAME Estelle R. Scates				
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dotes of service)  4. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dotes of service)  4. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dotes of service)  4. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dotes of service)	18. INFORMANT	ADDRESS en 174 N. Decken Ave.			
19.4 / 2 . 41 CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
LEADING TO DEATH (A)IMMEDIATE (					
Injury or complication which coused death.)  ANTECEDENT CAUSES					
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS A CONDITION OF THE PROPERTY OF					
	AS PERFORMED	21. AUTOPSY? (Yes or No)			
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, form, factory, street, office utiling Cause of Death.	in or obout 22C. WHERE DID (If in Baltimore bldg., etc.) INJURY OCCUR?	City, give exact location)			
	WHILE CORK CORK	in and a second			
	topsy and that on this basis, d				
ACTUAL Suicid	CHIEF MEDICAL EXAMINER	ed manner DATE SIGNED			
SIGNATURE  EXAMINER'S  NAME (Type)  Russell S. Fisher, M.D.	ASSISTANT MEDICAL EXAMINER C	8/21/72			
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY		(City, lown, or county) (State)			
Burial 8/25/72 Mt. Olivet	Cemetery Frederic 25C. FUNERAL DIRECTOR A. Mo	R. Maryland ran, Ina. ADDRESS			
VS 151-REV. 1/1/68	3000 E. Balti				

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FUNERAL DIRECTOR: IMPORTANT

MO COCCE B	ALTIMORE CITY I	HEALTH DEPARTMENT		rio (10000
H-320 72 08063 B	EDTIFICAT	E OF DEATH	REG. NO	72 08063
VINITI 140.	LKIIIICAI	L OF DEATH	STATE OF	MARYLAND DHWH
1. NAME OF DECEASED (Type or Print) MARY A.	11036	1	AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED I	HODG.		18/72	10.35 P M.
STEACE IN SALIMORE MARILAND, WHERE PRONOUNCED	DEAD	A. STATE B. COL	nere deceased lived. Il institu INTY	otion; residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, OF ADDRESS OR LOCATION)	AVE STREET	Md.		301
INSTITUTION		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
35 CHURCH HOME & HOSA		CITY	YE	S NO
TOTAL STREET	MAL.	E. STREET AND NUMBER	20-4-	
5. SEX   6. RACE   7. AAADDIED   AIGUE		100 N.	BROADWAY	
MARKIED	TO MARKED	DATE OF BIRTH	9. AGE (In years If	Under 1 Ye, Il Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES	DIVORCED	31. 14/1881	9.1.	
done during most of working life, even if retired)			1.00	2. CITIZEN OF WHAT COUNTRY?
PHYSICIAN MEDICI		AKRON;	OHIO	U. S. A -
13. FATHER'S NAME	3,	4. MOTHER'S MAIDEN N	AME	
NOAK HODGE		SARAH	ASHNURN	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	IAL URITY NO.	7. INFORMANT		ADDRESS
	-03-9526-4	HOSPI	TAL CHAR	7"
	USE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND GEATH
LEADING TO DEATH	ANIMMEDIATE CAUSE	CARDIA	ARREST	IMMENATE
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,		CONSEQUENCE OF:		
injury ar camplication which caused death.)				
ANTECEDENT CAUSES	. A5	C.V.D	LD AGE.	dongstandin
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A	CONSEQUENCE OF:	<u> </u>	
rise to the above cause (A) staling the UNDERLYING CONDITION last.	Probas	Lea Bo Coma.	RO CACH NIM	hours stands
11	,)		Construction of the second	4 0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			-corugin .	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	******************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 119B. CONDITION FOR WHICH O WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING [1] 22B. PLACE OF	PERATION	20A. AUTOPSY? (Yes or )	IN CERTIFYING CAUSE	OINGS CONSIDERED
			W CEMINITO CAUSE.	or blam:
OR CONTRIBUTING CAUSE OF	F INJURY (e.g., in clockory, street, offic	e bldg., INJURY OCCUR?	(if In Boltimore Ci	ty, give exoct locotion)
DEATH (notify medical examined etc.)				
DEATH (notify medical examined)  21D-TIME (Month) (Day) (Year) (Hous) 21E INJURY  While As		21F. HOW DID IN	JURY OCCUR?	
(APPROX.) While At	Not While At Work			
22. I certify that (1) (this hospital) attended the decea		4/2.91	1968 to 8/	18/1972 19
that (1) (we) last saw the deceased alive on		19.75 and	,	death occurred an the date
and have and from the causes stated above. (1) (We) (d				death occurred an the date
23A. SIGNATURE	ig) (gig ugi) Ale	w the body differ death.		L DATE SIGNED
lachael ? w	Attend	Ing Med.	The second secon	8.18.72
23C. PHYSICIAN'S	Phys.	D. ADDRESS	Staff Phys.	0.18.12
23C. PHYSICIANS NAME (Type)  SATPAL SINGH	No. o		10-0 Diles	160
	M.D DEGREE		tome 2 Hosp	
KEMOVAL (Specily)	EMETERY OF CREM		LOCATION (City, is	own, or county) (Stote)
		EMETERY	BALTO, K	(D)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIST		25C. FUNERAL DIRECTO	R	ADDRESS PORK
HOUNT ISIC		MUTCHELL.	WIEDEFELD	tome RD
VS 150-REV. 1/1/68	Ain.			

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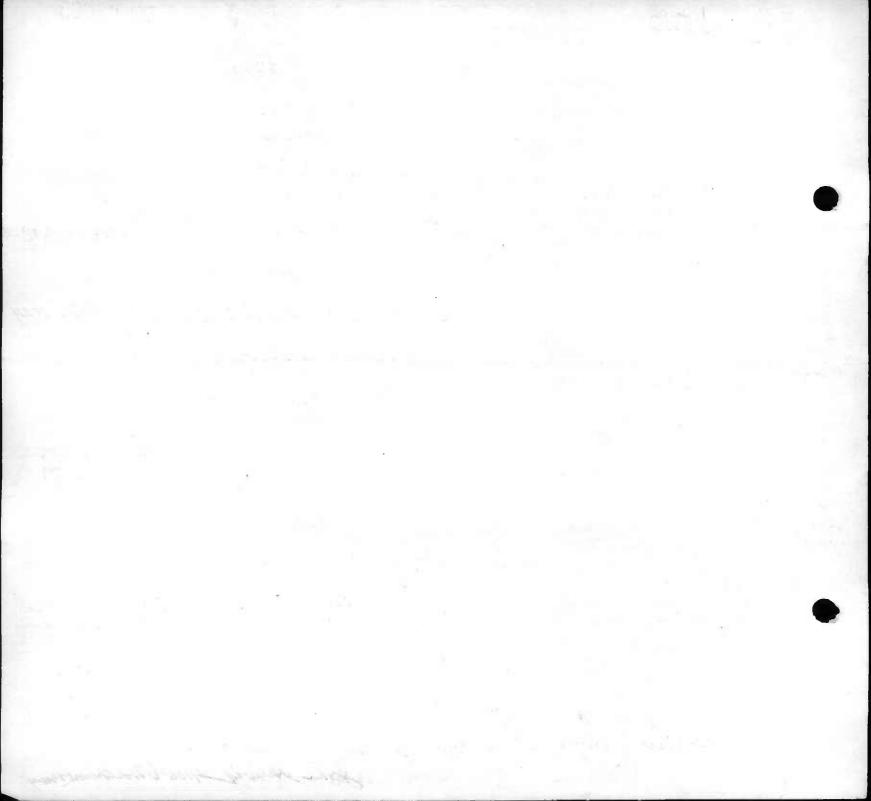
VS 150-REV. 1/1/68

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K-340	MO 6.00		HEALTH DEPARTMENT	REG. NO	72 08064
1. NAME OF DECI		111)(1	2. DATE A	IND HOUR OF DEATH	1 72
3. PLACE IN BALT	Mr. Willia		4. USUAL RESIDENCE (Wh	ust 21, 19	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
Yana Ca	on Manaina II		Baltimore E. STREET AND NUMBER	X	XXXXX NO X
Long Gi	een Nursing H	ome	401 Regeste	er Ave	
Male	White WIDG	RRIED NEVER MARRIED  WED DIVORCED  NO OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH  July 6,1888	9. AGE (In years lost birthday) 84	If Under 1 Yı. If Under 24 His. Months: Days Hours Min.
Retired	Steam Fitter.	Riggs Distler			USA
13. FATHER'S NAM	A E		14. MOTHER'S MAIDEN NA	AME	
16.10	Ralph Kettell		?	Dow	m <b>d</b>
(Yes, no or unknown)	Ever in U. S. Armed Forces? (If yes, give wor or dotes of se	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		216-09-1698	Miss Ruth H.	Kettell 4	01 Regester Ave
1	OF CONDITION DIRECTLY LEADING TO DEATH Of mean the mode of dying,	CAUSE OF DEATH  (A) IMMEDIATE CAU	ioselorof	ic hourt de	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASES OF THE UNDERLYING	asthenia, etc. If means the displication which caused deoth.) NTECEDENT CAUSES R CONDITIONS, if any, above cause IA) stating CONDITION lost.	(B) DUE TO, OR AS	A CONSEQUENCE OF:	sis, genera	lige 10 gr.
IO THE DEATH	H BUT NOT RELATED TO THE TERM PNDITION GIVEN IN PART 1 (A). OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING [] TING [] CAUSE OF medicol exominer)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?		e City, give exoct locotion)
OF INJURY	(Month) (Doy) (Yeo) (Hour)	21E INJURY OCCURRED  While At Not While Work At Work	21F. HOW DID IN	JURY OCCUR?	
that (I) (we)	hat (I) (t <del>his hospital) att</del> en ast saw the deceased alive	on 8/20			19 )
23A. SIGNATUR	from the causes stated about	ve. (I) (did not) v	nding Med.	Stoff Phys.	23R. DATE SIGNED
23C. PHYSICIAN NAME ITY	OM ANR. FRE		3D. ADDRESS  11	SS ST COCATION (Cit	y, town, or county) (Stole)
REMOVAL (Sp	pecify)				
Burial 25A. DATE REC'D	// .	Oaklawn Ce	25C. FUNERAL DIRECTO		ADDRESS
AUG24	1972 They	minoria 0			me 6500 York Rd.

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1.520		BALTIMORE CITY	HEALTH DEPARTMENT	+	72 08065
BIRTH NO.	72 080	65 CERTIFICA	TE OF DEATH	REG. NO.	OF MARYLAND-DHMH
1. NAME OF DECEA	SED JOHN . M.			HOUR OF DEATH	7576
				m. m Aug	
3. PLACE IN BALIIA	MORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where of A. STATE B. COUNTY	deceased lived. Il Vistilu	tion: residence before admission
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARYLAND		600
INSTITUTION			C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
CHURCH H	Home & Hastallal	Baltiman MD.	E. STREET AND NUMBER	YE	S NO
	, , , ,	, and the man	205 N. Rose	Sheel.	
5. SEX 6.	RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (in years III	Under 1 Yr., If Under 24 Hrs
Make	While WIDO	OWED DIVORCED	16-11-1845	birthdoy) 77	onths Doys Hours Min.
toA. USUAL OCCUPA done during most of wor	ATION (Give kind of work 10B, KI)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 1:	CITIZEN OF WHAT COUNTR
	tired		Viegime	,	AMERICAN
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		777777777
1	NILSON J	ONES	SARA	H KIGGS	,
	er in U. S. Armed Ferces? yes, give wor or dates of ser		17. INFORMANT	,	ADDRESS
in a state of a state of the st	Jes, five wor or odies or ser	224-26-1635	mas 11	1.411	115711 4
18. 5 / 9	21	CAUSE OF DEATH	1111 Marrie	a Sum	1 APPROXIMATE INTERVAL
DISEASE	OR CONDITION DIRECTLY		. 0	2	SETWEEN ONSET AND DEAT
	ADING TO DEATH	(A)IMMEDIATE CAU	SE Auto Tulnema	2 Oedus e	
heart foilure, asi	mean the mode of dying, henio, etc. It means the dis	ense.	CONSEQUENCE OF:	Awherthe	A.
	calion which caused deoth.)	ch.	ranie Obstruction	iD,	143
	TECEDENT CAUSES			hussen	
rise to the	CONDITIONS, if any, gabove cause (A) stating	giving DUE TO, OR AS	A CONSEQUENCE OF:	Disease	,
UNDERLYING C	ONDITION lost.	(C)			******
Z	11				
E ITO THE DEATH R	NT CONDITIONS CONTRIBUT UT NOT RELATED TO THE TERMI	ING INAL			
19A-DATE OF OF	DITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20	OB. IF YES. WERE FIND	INGS CONSIDERED
2	WAS PERFORMED		Yon	OB. IF YES, WERE FIND O CERTIFYING CAUSES	OF DEATH?
OR COMPRINGE	WAS UNDERLYING D	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, off	or about 21 C. WHERE DID	(Il In Boltimore Cit	y, give exact location)
O DEATH (notify me	dicol exomined	elc.)	ICC SIGN INTOKE OCCOR		
21D. TIME (M	ionth) (Doy) (Year) (Hour)	21 E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
(APPROX.)		While At Not While At Work			
22. I certify the	t (I) (this hospital) attend	ded the deceased from	8/4/ 19	72 10 8/	18 / 19.72
	t saw the deceased alive			/	death occurred on the dat
and hour and fre	om the causes stated above	ve. (1) (We) (did) (did not) vi			
23A. SIGNATURE	1111 18			23 B.	DATE SIGNED
1	11 yeursuf fr	dagres OEGREE Phys.	ding Med. Staff		8/18/72
23C. PHYSICIAN'S NAME (Type)	1 1/2 10 11 13	VEGREE	3D. ADDRESS	11 1 1 1	10.
	1 1000011	JUDIQUI MD	Church Hones &	1408p. 100K	MODILO
AL BURIAL CREMAT	ION, 24B. DATE	C. NAME of CEMETERY of CRE	MATORY 24D. LOCA	TION (City, to	wn, or county) (Stote)
Burial	ofug 2//12	Madowniele	m. B.	18ml	
25A, DATE REC'D BY		ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
AUG24	1972 Thele	y hollwiton	I the dere	2 41106 E	Worthern Hawy
/S 150-REV. 1/1/68	/	7		7	



BALTIMORE CIT	Y HEALTH DEPARTMENT
D-650 72 08066 CERTIFICA	ATE OF DEATH REG. NO. 72 08066
(Type or Print)  BYRON, LOUIS ELLSWORTH	AUGUST 19, 1972   11:50 Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  STAGNES HOSPITAL  CATON & WILKENS AVENUES	A. STATE  B. COUNTY  MARY LAND  C. CITY OR TOWN  BALT I MORE  E. STREET AND NUMBER  B. COUNTY  D. INSIDE CITY LIMITS?  YES XX NO
BALTIMORE, MARYLAND 21229	1153 WEST HAMBURG STREET
5. SEX  6. RACE  7. MARRIEW NEVER MARRIED  MALE  CAUCASIAN  WIDOWED  DIVORCED  10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH  9. AGE (In years lost birthday)  10/11/00  71  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  MOULD WORKER GLASS	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM BYRON	FLORA KLINE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT WILKENS AVENUES ABORESTO MD
NO 212-05-8178	
18. // / 2 2 4 7 5 () & CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen lhe mode of dying, e.g., hearl failure, osthenio, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stating the UNDERLYING CONDITION lost.  (A) IMMEDIATE CA DUE TO, OR AS  DUE TO, OR AS  (B) DUE TO, OR AS  (C)	
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of DEATH (notify medical examiner)   21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of tec.)   21B. PLACE OF INJURY	in or about 21C. WHERE DID office bldg., INJURY OCCUR?  LOS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  (If in Boltimore City, give exact location)
21D. TIME (Month) (Doyl (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  While At Not Whi	
Work LJ At Work	HOUGH O 79 AUCUST 10 79
22. I certify that (M) (this haspital) attended the deceased fram Athor (M) (we) last sow the deceased alive an AUGUST 19	UGUS 1 8 19 /Z to AUGUS 1 19 19 /Z,  19 72 and that in Nay (aur) opinion death accurred on the date
ond haur and from the causes stated above. (1) (We) (did) (d)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	238, DATE SIGNED
Vincent H. Way, ms, DEGREE AH	ending Med. Staff Phys. Q 08/20/72
23 C. PHYSICIAN'S NAME (Type)	BALTO MU ZIZZY
VINCENT H WANG, M.D.  24A. BURIAL CREMATION, REMOVAL (Specifyl Burial 8-23-1972 Meadowridge Cem	
25A. DATE-REC'O BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
AUG24 1977 Tropey hiposton	Hubbard funeral HOme INc.4107 Wilkens Ave.
VS 150-REV. 1/1/6B	1003

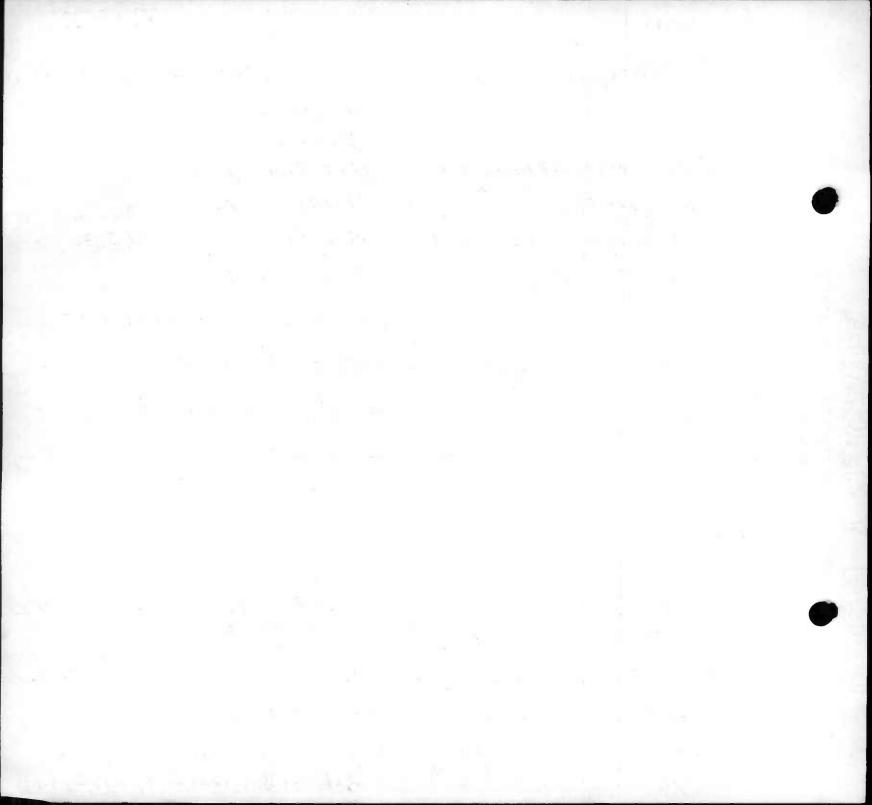
1.00/11/001 . . . . . MINT OF SHIPS OF SHIPS a skill som mill at landsmy string to been an acts to a personal fresh deliberation · E.N. 29 位 对 图4361V

· 100年,《西洋社》(1842),2011年至2011年至2012年,2024年18月

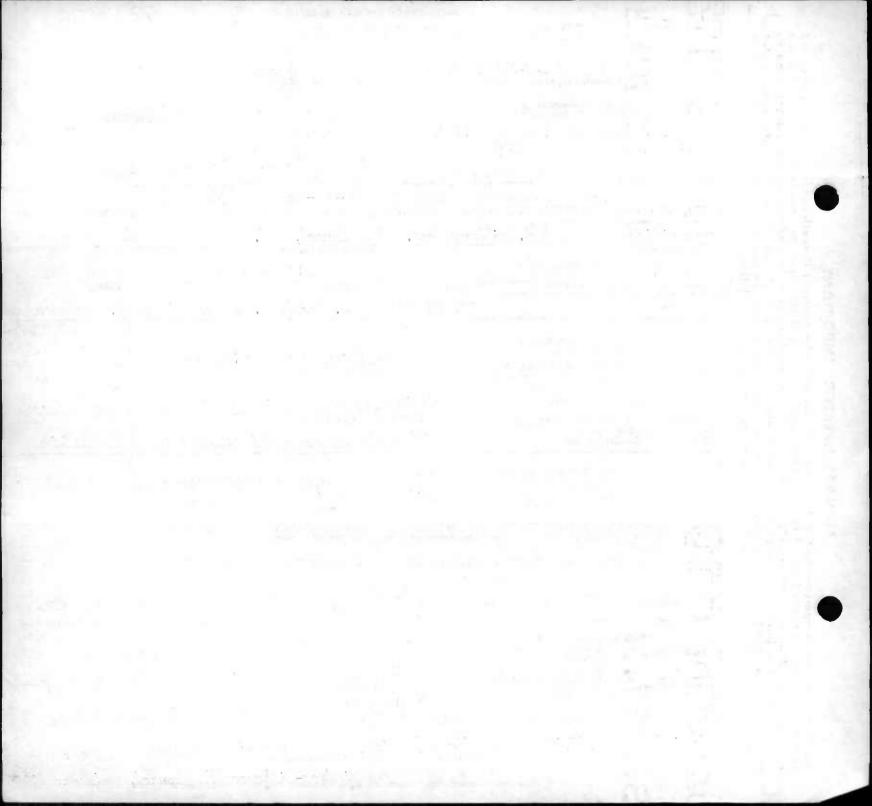
IMPORTANT

DIRECTOR:

FUNERAL



BALTIMORE CIT	TY HEALTH DEPARTMENT 72 08068
72 08068 CERTIFICA	ATE OF DEATH REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH OF MARYLAND-DIMA
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IN here deceased lived to institution; residence before admission)
WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	DELAWARE SUSSEX  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
THE JOHNS HOPKINS HOSPITAL	HARBESON YES NO PO
BALTIMORE, MD 21205	E. STREET AND NUMBER
	STAR ROUTE BOX 16
S. SEX 6. RACE 7. MARRIED XNEVER MARRIED WIDOWED DIVORCED	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
supervision St. Highway Dept.	Laurel, Del. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HAVILLAM CARMEAN	ALLIE GERMAN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [Ilf yes, give war or dates of service]   1 6. SOCIAL   SECURITY NO.	17. INFORMANT ADDRESS
no 221 10 1934	Mrs. Bettha W. Carmean Star Rt. Harbeson De
18. 486X 1+ 189.0 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	10000 - 5
(A) IMMEDIATE CA	AUSE CARD MAC ARREST & MINUTES
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	3 HO4RS
ANTECEDENT CAUSES (1) MYOC	ARDIAL INCARCTIONS 24 HOURS
	AS A CONSEQUENCE OF:
inse to the above cause (A) stating the UNDERLYING CONDITION last.	LYMONIA, GI BLEED 10 DAYS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING METAST	ATIC HYPERNEPHROMA TO GEAR
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	10
WAS PERFORMED	20A-AUTOFST? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., lome, form, factory, street, etc.)	in or obout 21C. WHERE DID (If In Boltimore City, give exact location) office bldg., INJURY OCCUR?
210-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
While At Not Wh	nilo []
WORK - AT THOR	K —
that (1) (ye) last sow the deceased give an the deceased from the	
	and that in(my) (sur) opinion death occurred on the date
ond hour and from the causes stated above. (1) (We) (did) (did-not)	view the body after deoth.
	tending [7] Med. [7] Stoff [77]
23 G. PHYSICIAN'S	23D. ADDRESS
JOHN WELCH M. D. PhiD.	SOHOK HOOKUS WARD KAN YOU
DEGREI	REMATORY 24D. LOCATION (City, town, or county) (State)
1 . 1 9/22/22 1011511	etery Laurel Susses O. I.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR SUISON DESCRIPTION
AUG21 1079 Library John Xon	o Mindson-Disharoon FH Laurel, Delaurane 1994
VS 150-REV. 1/1/68	The state of the s



	77/	ワウ	C 001	DALTIMORE C	CITY HEALTH DEPARTMENT	The same of the sa	7.1 (1)(1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
1	)-350	12	0800	CERTIFIC	ATE OF DEATH	REG. NO	72 0806g
	TH NO.	ASED		OBIN THE TO		STAT	E OF MARYLAND DENNE
		BIDEN ANNI	E BARE	BARA	0	8/19/72	1:00PM
3. P	PLACE IN BALTI	MORE, MARYLAND, W	HERE PRON	DUNCED DEAD	4. USUAL RESIDENCE (	Where deceased lived, If	institution: residence before odmis:
FUI	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	MARYLAND	BAL	530
HO	SPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. IN	NSIDE CITY LIMITS?
	4-1	ST AGNES	ПОСВІ	ITAI	BALTIMORE		YES NO X
	70	SI AGNES	HOST	ITAL	E. STREET AND NUMBE		DOAD 01007
						ONDS FERRY	
5. S	EMALE	CAUCASIAN	7. MARRIED	NEVER MARRIED		9. AGE (In years wallost birthdoy)	Months Doys Hours Min
-			WIDOWE		1 001 201 07	83	
		PATION (Give kind of work orking life, even if retired)	10B. KIND C	F BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUP
	HOUSEW				MARYLAND		USA
3. [	FATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME	
	JOSE PH	NARER			MARGARET	SNOOPS	
5. \	Wos Deceosed I	Ever in U. S. Armed For	ces?	16. SOCIAL	17. INFORMANT		ADDRESS
Tes	s, no of unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.	ST ACMES	HOSPITAL BA	ALTO MD 21229
				CAUSE OF DE		HOST TIAL DA	ALIU IND 21229
	DISEASES OF	NTECEDENT CAUSES	any, giving	(B)	AS A CONSEQUENCE OF:	dema	5 dag
ATIC	DISEASES OF TISE TO THE DEATH DISEASE OR CO	NTECEDENT CAUSES  R CONDITIONS, il obave cause (A) CONDITION lost.        CANT CONDITIONS CO	any, giving the stoling the NTRIBUTING HE TERMINAL	(c) 45	AS A CONSEQUENCE OF:	olemo	5 day
ATIC	DISEASES OF rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH	NTECEDENT CAUSES  R CONDITIONS, il obave cause (A) CONDITION lost.        CANT CONDITIONS CO	any, giving stating the terminal to the terminal	(c) 45	AS A CONSEQUENCE OF:	OR No. 208. IF YES, WER IN CERTIFYING C	S Log
L CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19 A. DATE OF CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR	NTECEDENT CAUSES  R CONDITIONS, il obave cause (A) CONDITION lost.  Il CANT CONDITIONS COI BUT NOT RELATED TO TO NOT RELATED TO TO NODITION GIVEN IN PAR OPERATION   1798. CON	any, giving solving should be solved by the service of the service	WHICH OPERATION  B. PLACE OF INJURY (e. me, form, foctory, street	AS A CONSEQUENCE OF:	IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19 A. DATE OF CONTRIBUT DEATH (notify r 21 D. TIME	NTECEDENT CAUSES  R CONDITIONS, il obave cause (A) CONDITION lost.	any, giving stoling the stoling the serminal stolength of the serminal	WHICH OPERATION  B. PLACE OF INJURY (e.me, form, foctory, street c)	20A. AUTOPSY? (Yes of yes), office bldg., INJURY OCCU	IN CERTIFYING C	CAUSES OF DEATH?
DICAL CERTIFICATION	DISEASES OF ISE IO THE UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19 A. DATE OF CONTRIBUT OR CONTRIBUT DEATH (notify r	NTECEDENT CAUSES  R CONDITIONS, il obave cause (A) CONDITION lost.	ony, giving stoling the stoling the sterminal stolength of the stolength o	WHICH OPERATION  B. PLACE OF INJURY (e.me, form, foctory, street,)  E. INJURY OCCURRED  Thile AI	20A. AUTOPSY? (Yes of yes), office bldg., INJURY OCCU	IN CERTIFYING C  D (If in Baltim	CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO  21A. ACCIDENT OR CONTRIBUT DEATH (notify reconstruction)  21D. TIME OF INJURY (APPROX.)	NTECEDENT CAUSES  R CONDITIONS, il obave cause (A) CONDITION Iosl.	any, giving stoling the standard stoling the standard stolength of the	WHICH OPERATION  B. PLACE OF INJURY (e. me, form, foctory, street c.,)  E. INJURY OCCURRED  (hile Al	AS A CONSEQUENCE OF:  C V D  20A. AUTOPSY? (Yes of the control of	IN CERTIFYING C	nore City, give exect location)
MEDICAL CERTIFICATION	DISEASES OF TISE TO THE DEATH DISEASE OR CO 19 A. DATE OF CONTRIBUT DEATH (notify r 21D. TIME OF INJURY (APPROX.)	R CONDITIONS, il obave cause (A) CONDITION lost.	any, giving stoling the state of the state o	WHICH OPERATION  B. PLACE OF INJURY (e. me, form, foctory, street c.)  E. INJURY OCCURRED hile A1 Not Vork A1 W	20A. AUTOPSY? (Yes of confice bidg., in or obout 21C. WHERE DI, office bidg., INJURY OCCU	IN CERTIFYING COR?  (If in Balting INJURY OCCUR?	nore City, give exect location)
MEDICAL CERTIFICATION	DISEASES OF THE UNDERLYING  OTHER SIGNIFICATION THE DEATH DISEASE OF CO  19 A. DATE OF CONTRIBUT DEATH (notify of INJURY (APPROX.)  22. I certify the contribution of	NTECEDENT CAUSES  R CONDITIONS, il obave cause (A) CONDITION lost.	NTRIBUTING HE TERMINAL LI I (A). DITION FOR FORMED  (Hour) 21 W W L) attended	WHICH OPERATION  B. PLACE OF INJURY (e. me, form, foctory, street c. form)  E. INJURY OCCURRED  Thile A	20A. AUTOPSY? (Yes of YES)  g., in or obout 21C. WHERE DI, office bldg., INJURY OCCUPANT OF 18 CONTROL OF 19 CONTR	IN CERTIFYING C  (If in Baltin  R?  INJURY OCCUR?  19ta  d that in (m)() (our) o	nore City, give exect location)
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING  OTHER SIGNIFICATION THE DEATH DISEASE OR CO 19 A. DATE OF CONTRIBUT DEATH (notify representation)  21A. ACCIDENT OR CONTRIBUT DEATH (notify representation)  21D. TIME OF INJURY (APPROX.)  22. I certify the thory (W) (we) I and haur ond	NTECEDENT CAUSES  R CONDITIONS, il obave cause (A) CONDITION lost.  CANT CONDITIONS COL BUT NOT RELATED TO TO INDITION GIVEN IN PAR OPERATION 198. CON WAS PERI T WAS UNDERLYING TIME CAUSE OF medical examiner)  (Month) (Day) (Year)  That I have been been been been been been been be	NTRIBUTING HE TERMINAL LI I (A). DITION FOR FORMED  (Hour) 21 W W L) attended	WHICH OPERATION  B. PLACE OF INJURY (e. me, form, foctory, street c. form)  E. INJURY OCCURRED  Thile A	20A. AUTOPSY? (Yes of confice bidg., in or obout 21C. WHERE DI, office bidg., INJURY OCCU	IN CERTIFYING C  (If in Baltin  R?  INJURY OCCUR?  19ta  d that in (m)() (our) o	nore City, give exact location)  08/1-9/72 19
MEDICAL CERTIFICATION	DISEASES OF THE UNDERLYING  OTHER SIGNIFICATION THE DEATH DISEASE OF CO  19 A. DATE OF CONTRIBUT DEATH (notify of INJURY (APPROX.)  22. I certify the contribution of	NTECEDENT CAUSES  R CONDITIONS, il obave cause (A) CONDITION lost.  CONDITION lost.  CANT CONDITIONS COLOR BUT NOT RELATED TO TO NOT RELATED	NTRIBUTING HE TERMINAL LI I (A). DITION FOR FORMED  (Hour) 21 W W L) attended	WHICH OPERATION  B. PLACE OF INJURY (e.me, form, foctory, street c.)  E. INJURY OCCURRED Not Variable At White deceased from 18/19/7	20A. AUTOPSY? (Yes of YES)  g., in or obout 21C. WHERE DI, office bldg., INJURY OCCUPANT OF STATE OF S	IN CERTIFYING C  On the property of the proper	nore City, give exect location)
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO  21A. ACCIDENT OR CONTRIBUT DEATH (notify reconstruction)  21D. TIME OF INJURY (APPROX.)  22. I certify the contribution of the	NTECEDENT CAUSES  R CONDITIONS, il obave cause (A) CONDITION lost.  CONDITION lost.  CANT CONDITIONS CO.  BUT NOT RELATED TO TINDITION GIVEN IN PAR COPERATION 198. CAN WAS PERI TING CAUSE OF medical examiner)  (Month) (Doy) (Year)  Chot (1) (this hospital last saw the decease from the couses stated to the couse stated to the couses stated to the couse stated to the couses stated to the couse	NTRIBUTING HE TERMINAL LI I (A). DITION FOR FORMED  (Hour) 21 W W L) attended	WHICH OPERATION  B. PLACE OF INJURY (e. me, form, foctory, street chile Al Not Valve and the deceased from 198/19/7	20A. AUTOPSY? (Yes of confice bidg., in or obout 21C. WHERE DI, office bidg., injury occur)  21F. HOW DID  While and a confice bidg. injury occur  21F. HOW DID  While and a confice bidg. injury occur  21F. HOW DID  While and a confice bidg. injury occur  21F. HOW DID  While and a confice bidg. injury occur  Attending and a confice bidg. injury occur   Attending and a confice bidg. injury occur  Attending and a conf	IN CERTIFYING C  (If in Baltin  R?  INJURY OCCUR?  19ta  d that in (m)() (our) o	nore City, give exact location)  08/1-9/72 19
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING  OTHER SIGNIFICATION THE DEATH DISEASE OR CO 19 A. DATE OF CONTRIBUT DEATH (notify representation)  21A. ACCIDENT OR CONTRIBUT DEATH (notify representation)  21D. TIME OF INJURY (APPROX.)  22. I certify the thory (W) (we) I and haur ond	NTECEDENT CAUSES  R CONDITIONS, il obave cause (A) CONDITION lost.	NTRIBUTING HE TERMINAL LI 1 (A). DITION FOR FORMED  (Hour) 21 W W (Hour) 21 et alive an.	WHICH OPERATION  B. PLACE OF INJURY (e.me, form, foctory, street)  E. INJURY OCCURRED  While Al Wall with the deceased from 18/19/7  (IX(We) (did) Will Xall wall with the deceased form 19/19/7)	20A. AUTOPSY? (Yes of YES)  g., in or obout 21C. WHERE DI, office bldg., INJURY OCCUPANTS.  21F. HOW DID  While   21F. HOW DID  While   08/06/72 on    (1) view the body ofter decomply.  Attending   Med. Director   23D. ADDRESS	IN CERTIFYING C  On the second of the second	nore City, give exact location)  08/1-9/72 19
MEDICAL CERTIFICATION	DISEASES OF RISE TO THE UNDERLYING  OTHER SIGNIFICATION TO THE DEATH DISEASE OR CO  19 A. DATE OF CONTRIBUT DEATH (notify reconstruction)  21 D. TIME OF INJURY (APPROX.)  22. I certify the thought of the control of t	NTECEDENT CAUSES  R CONDITIONS, il obave cause (A) CONDITION lost.	NTRIBUTING HE TERMINAL I.T. I. (A). DITION FOR FORMED  (Hour) 21 WW W  attended d alive an ted above.)	WHICH OPERATION  B. PLACE OF INJURY (e.me, form, foctory, street)  E. INJURY OCCURRED  Thile AI Not Warn with the deceased from 19/19/19  (IX (We) (did) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	20A. AUTOPSY? (Yes of YES)  g., in or obout 21C. WHERE DI, office bldg., INJURY OCCUPANTS  21F. HOW DID  While   21F. HOW DID  While	IN CERTIFYING COR?  (If in Balting Cours)  INJURY OCCUR?  19 ta d that in (r)\( \( \) \( \) (our) on the cours.	DAUSES OF DEATH?  Thore City, give exact location)  OB/1-9/72 19
MEDICAL CERTIFICATION	DISEASES OF RISE TO THE UNDERLYING  OTHER SIGNIFICATION TO THE DEATH DISEASE OR CO  19 A. DATE OF CONTRIBUT DEATH (notify reconstruction)  21 D. TIME OF INJURY (APPROX.)  22. I certify the thought of the control of t	NTECEDENT CAUSES  R CONDITIONS, il obave cause (A) CONDITION lost.	NTRIBUTING HE TERMINAL IT I (A). DITION FOR FORMED  (Hour) 21 W W  (Hour) 21 W W  224C. N	WHICH OPERATION  B. PLACE OF INJURY (e.me, form, foctory, street ork and the deceased from	20A. AUTOPSY? (Yes of YES)  g., in or obout 21C. WHERE DI, office bldg., INJURY OCCUPANTS.  21F. HOW DID  While   21F. HOW DID  Whil	IN CERTIFYING COR?  (If in Balting Cours)  INJURY OCCUR?  19 ta d that in (n)()( (our) ooth.  Shaff Phys.   OSPITAL D. LOCATION	DOB/1-9/72 19 19 19 19 19 19 19 19 19 19 19 19 19
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0		HEALTH DEPARTMENT		72 08070
Y-610 72 080	CERTIFICA	TE OF DEATH	REG. NO STATE	OF MARYLAND-DIRG
T. NAME OF DECEASED (Type or Print)  PRIEBE, S	ARAH CONSTANC		GUST 19,	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		A. STATE B. COUN	re deceased lived. If	institution: residence before admission)
HOSPITAL OR ST AGNES OR LOCATION) ST AGNES HOSPITA WILKENS & CATON BALTIMORE, MARYL	AVES.	C. CITY OR TOWN  BALT I MORE  E. STREET AND NUMBER  528 LONGWOO		SIDE CITY LIMITS?
	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired) HOUSEWIFE	OF BUSINESS OR INDUSTRY	0 0 1 0 1		12. CITIZEN OF WHAT COUNTRY
JOHN BIANCO		14. MOTHER'S MAIDEN NA. C ONCETTA		
15. Was Docaosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)		17. INFORMANT D2 ST AGNES R	EC ORDS WI	ADDRESS KKENS & CATON AV
injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, given in the above couse (A) stating UNDERLYING CONDITION lost.	ing DUE TO, OR AS The (C)	Tes, Sufficilly A CONSEQUENCE OF:	insi-	
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (a).  199. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED		20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If In Boltimo	ore City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED  While At Not While Work  Not Work	21 F. HOW DID INJ	URY OCCUR?	
22. I certify that XI) (this haspital) attended that XI) (we) last saw the deceased alive of and haur and fram the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) FARANGIS KHO	an AUGUST 19, and (did not) v	19.72 and the lew the bady after death.	Shaff Phys.	UST 19, 19 72  pinian death accurred an the date  238, DATE SIGNED  8/18/7
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify) 8-21-1972	NAME OF CEMETERY OF CRE Loudon Park Ceme	etery Wil	lkens A <sub>v</sub> e.	The state of the s
AUG24 1972 Sidny for		Hubbard Fund	eral H me,	4107 Wilkens Ave.

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certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

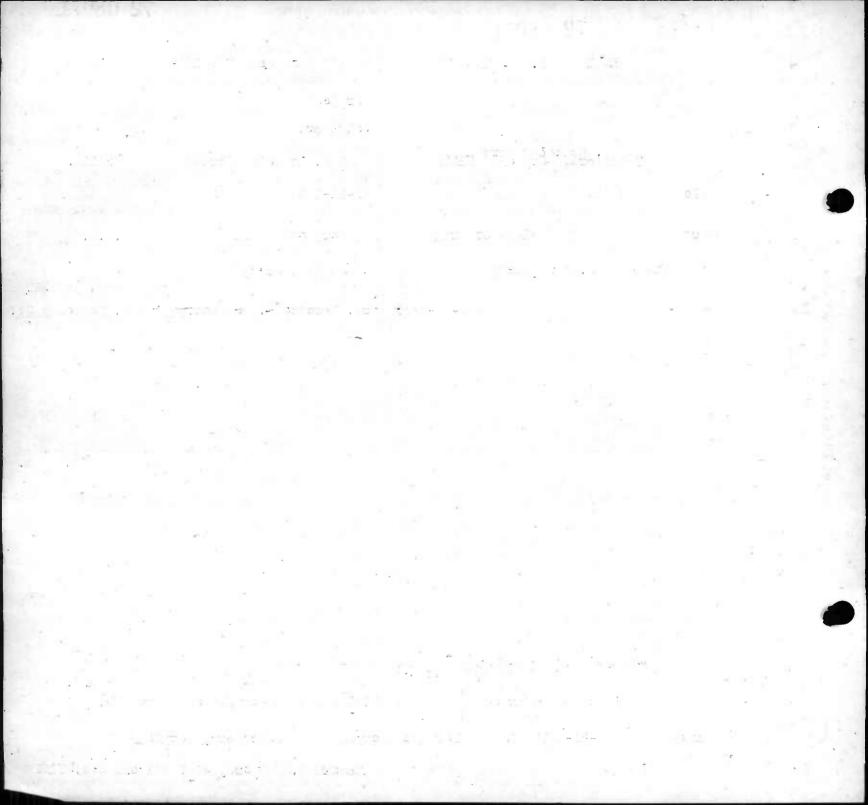
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D-263 72 (	08071		TE OF DEATH	REG. NO	TE OF MARYLAND-DIME
NAME OF DECEASED		IGHERTY		D HOUR OF DEATH	
PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COUN	e deceosed lived. If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland c. city or town	D. INS	IDE CITY LIMITS?
00		San Sales and	Baltimore		YES NO
404 S. Benta Baltimore, M	lou Str aryland	eet 21223	404 S. Bental	ou Street	21223
SEX 6. RACE Male White	7- MARRIED	- INEVER MARKIED	5-21-1910	9. AGE (In years lost birthday) 62	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work					12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)	Globe	Security	Maryland		U.S.A.
FATHER'S NAME	GLODE	- Todazzey	14. MOTHER'S MAIDEN NAM	ΛE	0,0,0,,
Frank A. Da	ugherty	7	Annie Stu	.mp	
Was Deceased Ever in U. S. Armed Fores, no or unknown) (If yes, give war or date		1 6. SOCIAL	17. INFORMANT	<u>F</u>	ADDRESS 21223
No	s or service	SECURITY NO. 217-03-1867	Mrs Torotta C	Daughomber	404 S. Bentalou S
LEADING TO DEATH  (This does not meon the mode of heart failure, asthenia, etc. It means injury ar camplication which coused	the disease,		CONSEQUENCE OF:	elastice	2
:   TO THE DEATH BUT NOT RELATED TO TI (  DISEASE OR CONDITION GIVEN IN PAR	ony, giving sloting the  NTRIBUTING HE TERMINAL	(B)	A CONSEQUENCE OF:		
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4107 Wilkens Ave. 21229 Howard H. Hubbard,



by

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) UO 20, AUGUST TOWLES, ROBERT OTHEL 1972 USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD once deot B. COUNTY MARYLAND 1223 FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? ottend 0 AGNES HOSPITAL BALTIMORE YESX X NO CATON & WILKENS AVENUES WILKENS AVENUE pri MARYLAND regular 9. AGE (In years 5. SEX If Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED deceased ost birthdoy Months Doys MALE CAUCASIAN 29 10 WIDOWED 69 DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? = done during most of working life, even if retired) VIRGINIA U. S. A. TRUCK DRIVER Eastern Freight Way Was 14. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME HENRY TOWLES Sidnie (Unknown) deoth 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of service) ADDRESS 6. SOCIAL AVENUES - BALTO; MD. SECURITY NO. 21229 ance 21410680 , NO HOSPITAL'S RECORDS AGNES CAUSE OF DEATH pronounced 9 ottend BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH fracture (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: embol heart failure, asthenia, etc. It means the disease, 0 injury ar camplication which caused death.) ANTECEDENT CAUSES who (B)\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: 4 DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the 0 UNDERLYING CONDITION last remains burns: physici ö ž CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL CIGI DISEASE OR CONDITION GIVEN IN PART 1 (A) the Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 phys to the hospital by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? 3 (It In Boltimore City, give exact lacation) where °Z DEATH (notify medical examiner) etc.) any noture; MEDIC obtoined 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While (except (APPROX.) Work At Work pup 22. I certify that (1) (this haspital) attended the deceased from JULY 23 19 7.2 to AUGUST 20 that(t) (we) last saw the deceased alive an AUGUST 20. \_\_19\_72 and that in any (aur) apinian death accurred an the date of 0 and haur and from the causes stated above. X1X(We) (did) 1914 X0(1) view the body after death. at the body was released must An accident hospit 234. SIGNATURE 23 B. DATE SIGNED Attending | Med. 0 Director approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior BALT I MORE VINCENT to & CATON AVE was D.O.A. deceased pr written app shows: (1) 24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 972 Loudon Park Cemetery 8-23-1972 Baltimore, Maryland C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/6B

AND THE Ed. 1011. 30.545 \$1207 P. 54.25 - 55.45 P. 74.50 F. 12.70 - RA -- to 12 01 -- -- -- -- -- -- -- -- -- -- MAIE ADVAG THEY STAVED IN THE PROPERTY OF THE PARTY OF 

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25C. FUNERAL DIRECTOR

**ADDRESS** 

Howard. H. Hubbard, 4107 Wilkens Ave. 21220

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 3/1/68

258. NAME OF REGISTRAR

Whom

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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C 12-	BALTIMORE CITY	HEALTH DEPARTMENT		72 08074
J-400 72 0	8074CERTIFICA	TE OF DEATH	KEO. 110.	
BIRTH NO.  1. NAME OF DECEASED	001 2021(11110)		ND HOUR OF DEATH	E OF MARYLAND-DHMH
(Type or Print)			20-72	10.55 P.
SCALLIO, Saverio J	DNOUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	nstitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN		Maryland B. COU	NTY	1803
TALLET THE		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
Veterans Administra 3900 Loch Raven Bou		Beltimore  E. STREET AND NUMBER		YES NO
Baltimore, Maryland	21218	1204 West Lor	abard Street	
5. SEX 6. RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
Male Caucasian WIDO	WED DIVORCED	09-12-09	62	
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  Produce Merchant			Maryland	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Santo Scallio		Maria Balsa	no	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT VA HO	ospital Recor	rds ADDRESS
Yes 5-8-42 to 11-14-4		Baltimore, Ma	aryland 21218	В
18./67 / 1	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Card	diac tampanode		4 Days
LEADING TO DEATH	(A)IMMEDIATE CAL			
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
injury ar camplication which coused death.)		cardial effusi	on	
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION task.	the Secondar	ry to ca of Lun	g	Years
UNDERLYING CONDITION Idsi.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NC			TATE OF THE PARTY
TO THE DEATH BUT NOT RELATED TO THE TERMI				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or h	o) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED		No	IN CERTIFYING CA	USES OF DEATH?
	21B. PLACE OF INJURY (e.g., i home, farm, foctory, street, o	n or obout 21 C. WHERE DID	(If in Boltimo	re City, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, foctory, street, of	ffice bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
5 01 1110011	While At The Not While			
(APPROX.)	Work At Work			
22. I certify that ( (this haspital) attend	led the deceased fram	July 31,	19 72 to AU	gust 20, 19 72
that X1) (we) last saw the deceased alive	on August 20,	19 72 and 1	that in (n) (aur) api	inlan death accurred an the date
and have and from the causes stated above	ve. (t) (We) (did)/(th) work	view the bady after death		
23A. SIGNATURE	A AAAA			23 B. DATE SIGNED
others (M)	AHE AHE	ending Med.	Staff Phys.	8-21-72
22C PHY OCH APS	1914 TOEGREE Phy	0.0.		
23 C. PHYSICIAN'S NAME (Type) Thomas E. Murp	/ / /	7500 .	Loch Raven B	
	DEGREE		more, Maryla	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24	IC. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	City, town, or county) (State)
	New Cathedral Ce	metery Ba	ltimore, Mar	ryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	O R	ADDRESS
AUG24 1972 July la	Hardren -	Howard H. Hu	bbard, 4107	Wilkens Ave. 21229
VS 150-REV. 1/1/6B	0.02	17 U 1 U		

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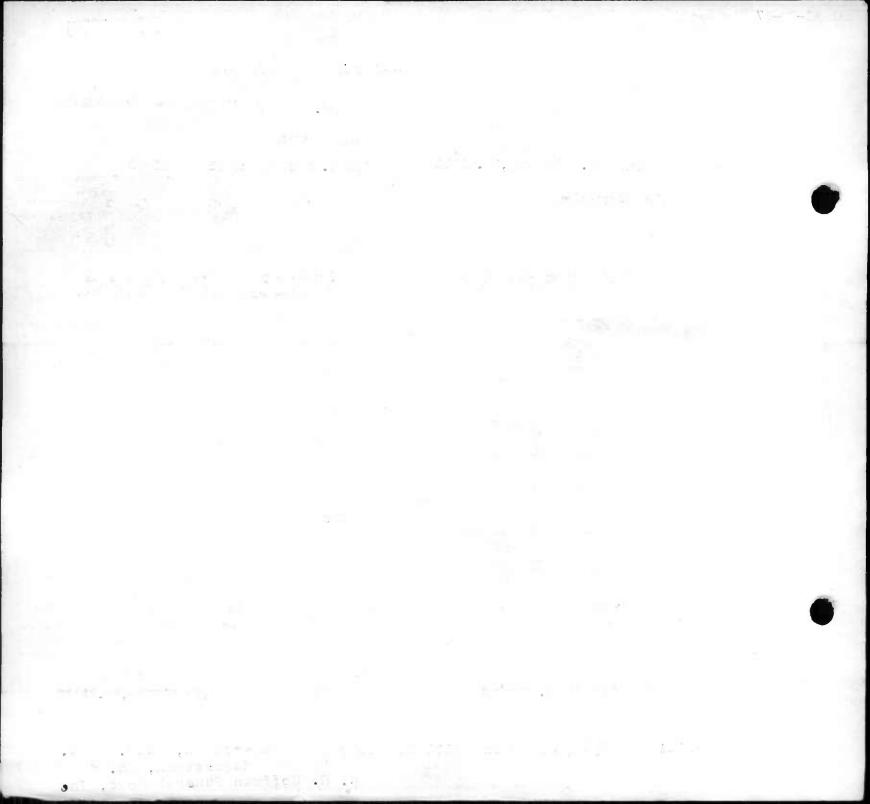
renoved Managers

VS 150-REV. 1/1/68

1-70-67	7-520 72 (8075 BALTIMORE CITY	HEALTH DEPARTMENT
P + 9 + 9	BIRTH NO. This hungling Co. md CERTIFICA	TE OF DEATH TEG. NO. 72 08075
oital and of death Deceased e on the ath. Such	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
D oo u	THOMAS, SABY GIRL-Del	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY BRANGAT HAGERSTOWN Washington
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. WASHINGTON COUNTY HOSP
l in a ng cau cause; attend ior to	RALTIMORE CITY HOSP.	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Cau cau		Hagerstown YES NO
outing ar ar pri	4940 Eastern Ave.Baltimore,Md.21224	319 S. Locust Street 21740 7/0
	The state of the s	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Tr.   If Under 24 Hrs.     Months; Doys : Hours   Min.
occu nntrii rmir egu ased	Temale Caucasian WIDOWED DIVORCED	8/18/72 6 6 3
th c n on	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY I done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
S iti	NONE	MARYLAND USA
if d ect Wa wa the spos	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
± = - =	JA RECORD	THOMAS DEBORANH
stan ind; eat	1	7. INFORMANT BCH-Records-4940 Easternoones NUMBER S
th the did		JOSEPH T. MARINO BALTIMORE WO
f any f any nced enda	18. 77 8.2 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
- wo = to	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	E CARDIORESPIRATORY ARREST IS MIN
A DO DE E	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It meons the disease,	CONSEQUENCE OF:
5000	injury or complication which caused death.)	
E.S.T. O De	ANTECEDENT CAUSES (B) HEMOR	RAGE 2 DAYS
wh wh are	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A	CONSEQUENCE OF:
al ex (3); (3) an s a in s a	UNDERLYING CONDITION last. (C) COAOU	LOPATHY 2 DAYS
adical lical rns; rsicic was mair	Z OVER COMPLEX AND	
E e dy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  BREECH	DELINERY, PREMATURITY 2 DAYS
chief y a m Body the p ysicid	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by a 2) Bod re the physic ore th	U 21A ACCIDENT WAS UNDERLYING TO 218 PLACE OF INJURY (22 3	ies
キーショーを	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURT (e.g., in home, form, foctory, street, office of the place of the pl	or obout 21 C. WHERE DID (If In Boltimore City, give exact location) le bidg., INJURY OCCUR?
P. 5 - 5	O 21D-TIME (Month) (Doy) (Yeor) (Hour 21E INJURT OCCURRED	
roved he hos y natu xcept and (6) btaine	(APPROX) While At Not While	21F. HOW DID INJURY OCCUR?
S S X X E S		
g+ 50 %	22. I certify that (1) (this hospital) attended the deceased from 5 that (1) (we) last saw the deceased alive an 8/20	
0 0 2	and hour and from the causes stated above. (#) (We) (did) (did not) vie	The sale and the sale and a printer death accorded on the sale
dent of death) must be	23A. SIGNATURE	w the body offer dedth.
3 6 5 5 5 1		ling Med. Shaff 8/20/72
	VEGREE	P. ADDRESS 4940 Eastern Ave. Baltimore, Md. 21224
tificate my was related in acceptage of the property of approved approval	JOSEPH T. MARINO MD	935 N. CALVERT ST. BALTIMORE, MD.
F 4 0 0 5 1	24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREM	ATORY 24D. LOCATION (Gity, town, or county) (Stole)
		tery Hagerstown, Wash. Md.
	Burial 8/22/72 Rose Hill Ceme	25C. FUNERAL DIRECTOR Hagerstown, Md ADDRESS
一十四 メロメ		A. V. FILCE

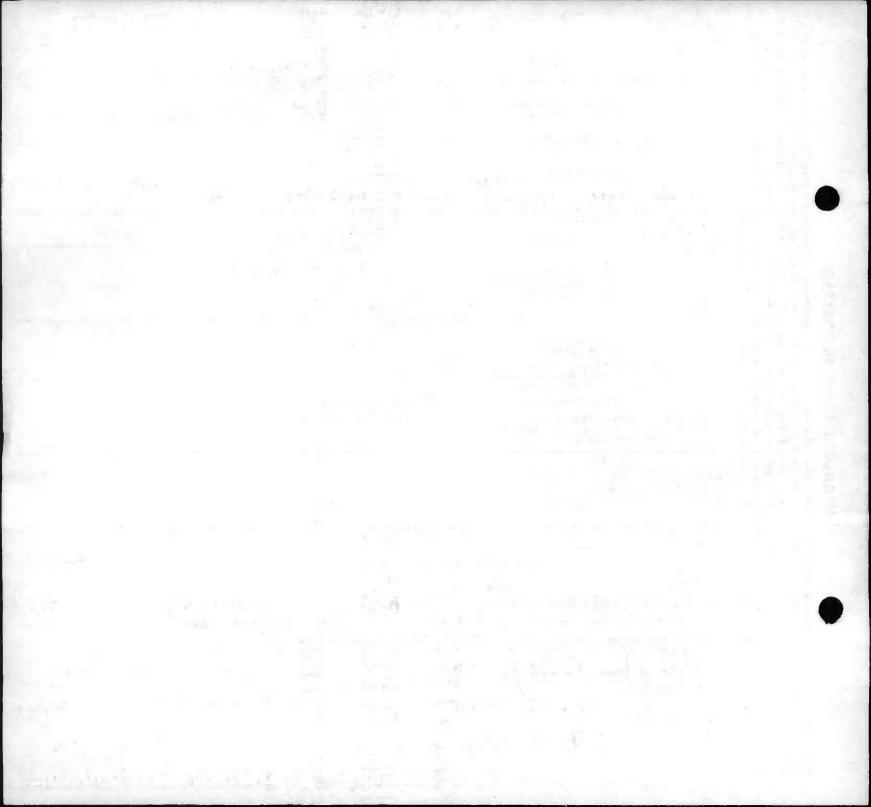
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Coffman Funeral Home, In-



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1/ 001	ma 0000	BALTIMORE CITY	HEALTH DEPARTMENT		MD COOME
H-400	72 0807	6 CERTIFICA	TE OF DEATH	THE REG. NO.	72 08076
1. NAME OF DECEASED				AND HOUR OF DEATH	OF MARILAND-DHMH
(Type or Print) Clarence	e Hall			uit 18,1972 3	1 303 9
3. PLACE IN BALTIMORE, MAI		NOUNCED DEAD	4. USUAL RESIDENCE (V	here deceased lived, If i	nstitution: residence before admission)
51111 NAME OF ACTION			A. STATE B. CO	RALTO	(0)
FULL NAME OF (IF NOT HOSPITAL OR ADDRESS	S OR LOCATION	STITUTION, GIVE STREET	Mary land		CIDE CIDY LIMES
	0 1.		Owines	U. INS	YES NO T
The Johns Hopkins	Heathlet		E. STREET AND NUMBER		TES NO
33			B0x138	RR ZGL	
5. SEX 6. RACE	7- MARRI	ED PNEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 His.
Make Negre	1110011		06/24/01	lost birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give	kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of )	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Lalror	n it rented)		Maryland		usA
13. FATHER'S NAME			Maryland 14 MOTHER'S MAIDEN N	IAME	
Hubber Hall			Rachel . He		
	Armed Forces?	1 6 SOCIAL	17. INFORMANT	, (lower)	ADDOFFE
15. Wes Deceased Ever in U. S. (Yes, no or unknown) (III yes, give	war or dates of servic				ADDRESS
no		×1812-9318	A Chart		
18.593.21		CAUSE OF DEAT		. 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR COND		Kespir	sctory failure	2 pilmonas per	hema
(This does not mean the		(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
heart failure, asihenia, eic, injury or complication which	It means the disco	se,	A CONSEQUENCE OF:		
ANTECEDENT		Rent	failure		
DISEASES OR CONDITION		(8)	A CONSEQUENCE OF:		********************************
rise to the above co	use (A) stating t	the	A CONSEQUENCE OF:		
UNDERLYING CONDITION	l lost,	(C)		************************	
z 11					
O OTHER SIGNIFICANT CONDIT	ATED TO THE TERMINA	AL			
DISEASE OR CONDITION GIV	EN IN PART 1 (A).	R WHICH OPERATION	20A-AUTOPSY1 (Yes or	No. 208 IE VEC WERE	FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REI DISEASE OR CONDITION GIVE 19A. DATE OF OPERATION 21A. ACCIDENT WAS UND	WAS PERFORMED	A TIME! O'EXAMON	VES	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UND	ERLYING	21B PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II In Boltimer	re City, give exoct location)
C   DEATH inofily medicol exom	SE OF	home, form, foctory, street, of	fice bidg, INJURY OCCUR?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
21D-TIME (Month) (Do		ELE INJURY OCCURRED	21F. HOW DID II	William Cooking	
OF INJURY		While At T Not While		NJURY OCCUR!	
(APPROX)		Work At Work			
22. 1 certify that (1) (#1/5	Market) attende	d the deceased fram As		19 72 to Aux	
that (i) (4) lost saw the	deceased olive o	n A14 18	19 72 and	that in (my) (Koc) op!	n)on death occurred on the date
	uses stoted above	(1) (M) (did) (Black) v			
23A. SIGNATURE	0 - 1				23 B. DATE SIGNED
Edward Jane	Bunch fr	ALD DEGREE Phys	nding Med.	Stoff Phys.	ang 18, 1972
23C. PHYSICIAN'S NAME (Type)			3D. ADDRESS		
DR EDWAF	RD JAMES H	BUSICK	B01905 1620	N. Elderny St	Buttime . Maryland
24A BURIAL CREMATION, 24B.	DATE 24C	NAME of CEMETERY of CRE		LOCATION (Ci	ty, town, or county) (Stote)
KEMIO ANT (Specify)	23-72 1	nt Han Cl.		Calver	
25A. DATE REC'D BY HEALTH D	EPT  258, NAM	E OF REGISTADE	25C. FUNERAL DIRECTO		ADDREET MA
THE PARTY OF THE P	1:12.053	1-12/100 X TON	D. O.	E Q	D. Yrad
VS 150-REV6 471768		Mes A Coll X	I Thrukney	3. Jewell	Ir. TILC., Md.
	(1				



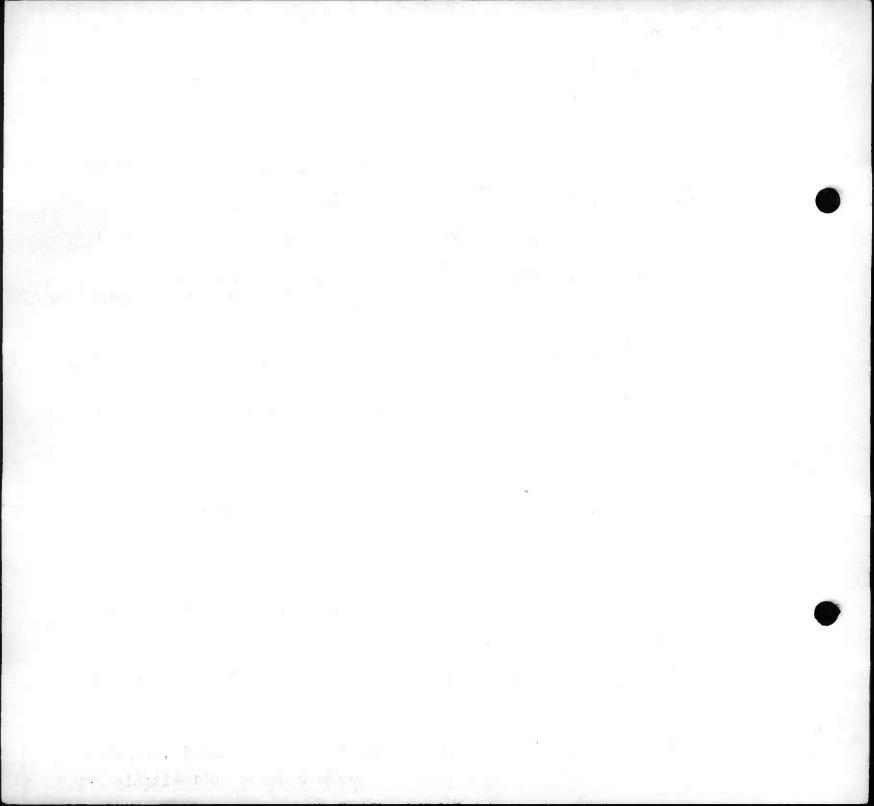
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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0	BALTIMORE CITY	HEALTH DEPARTMENT	p. 00.	ליכותפת פי
72 081	77 CERTIFICA	TE OF DEATH	REG, NO.	L UOUTT
BIRTH NO.	CERTIFICA		Diana ye	
IType or Print P. T. A. P.		2. DATE AND	HOUR OF DEATH	. 14
ISERTHH 107	TS	8/1	9/72	1 10:20 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNTY	deceased lived. If institution	on: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MARYLAN	10	2500
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INSIDE CI	TY LIMITS?
3		BALTIMORE	YES	Ø NO □
S. BALTIMERE GENER	n, H	E. STREET AND NUMBER	. 0	
		3701 PASCA		
	IED NEVER MARRIED	los	1 birthday) Mon	Inder 1 Yi. If Under 24 Hrs. oths! Doys Hours Min.
/emale   White   widow		12-7-1.899	7KX 72	
10A. USUAL OCCUPATION (Give kind of work 10B, KING done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote of lereign	country) 12.	CITIZEN OF WHAT COUNTRY
HOUSEWIFE Seamst	ress	MARYLAM	VD	USA
13. FATHER'S NAME	2000	14 MOTHER'S MAIDEN NAME	- Control of the Cont	317.
HOLDEN!		Mary	Booker	
15, Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	DOUNGI	ADDRESS
NO (If yes, give war or dates of servi	SECURITY NO.			
	21.2 1.0 4970	Alma Youngbar	3701. Pasca	
18.511.2	CAUSE OF DEAT	H.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		Companye 1	h + 60	
(This does not mean the mode of dving.	(A) IMMEDIATE CAL	ISE CONGESTIVE 1	RUM FAILURE	
heart failure, asthenia, etc. It means the discriniury or complication which caused death.)	use,	A SOUNDE SUIT		
ANTECEDENT CAUSES	TOP.	Pular	na 400 ( ; A	
DISEASES OR CONDITIONS, if any, give	(B) DUE TO OR AS	MINAL PNEUI A CONSEQUENCE OF:	MENTA	
rise to the above cause (A) staling				
UNDERLYING CONDITION fast.	(c)	EURAL EFFUS	ion	
- II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMIN	NG IAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A),	***************************************	20A. AUTOPSY2 (Yes or No.) 2	000 10 200 2000	
WAS PERFORMED  V 21A ACCIDENT WAS UNDERLYING	OK WHICH OPERATION		N CERTIFYING CAUSES	OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimore City,	alve exect location)
OR CONTRIBUTING CAUSE OF DEATH (notily medical examined	21 B. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.)	fice bldg., INJURY OCCUR?	for the position of City;	give exect tocollon;
0	21E INJURY OCCURRED	235 110111 212 111111		
S   OF INJOK!	While At   Not While	21f. HOW DID INJUR	! OCCUR!	
(APPROX.)	WORK AT WORK			/
22. I certify that (1) (this hospital) attended	d the deceased from	8/17 19.	12 10 8	119 19 72
that (i) (we) last saw the deceased alive of	on 8/19	19 7 2 ond that 1	In(my) (our) opinian	r Seath occurred on the date
and hour and from the causes stated above	o. (I) (We) (dld) ( <del>did not)</del> v	iew the bady after death.		
23A. SIGNATURE			238, 1	DATE SIGNED
1131663	Db	nding Med. Stor	# 🗇	
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS		
NAME (Type)				
DR. CAKUUS IV. PATAL	INGHUG DEGREE	MATORY   240 100	15:01	
REMOVAL (Specify)	C. NAME of CEMETERY of CRE	MATORY 24D. LOCA	ATION (City, low	n, or county) (Stole)
	Cedar Hill Ce		.Co, Maryla	
ALICO A 1070	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
AUGA4 1916 MANYA	MANON !	George J. Gond	ce 4001 Rit	chie Hwy.
VS 150-PEV 1/1/40				

10/31/72- Cause of Pleural Offusion unknown Settenfrom dulberan Kosp in file-Bur of Berstalistics

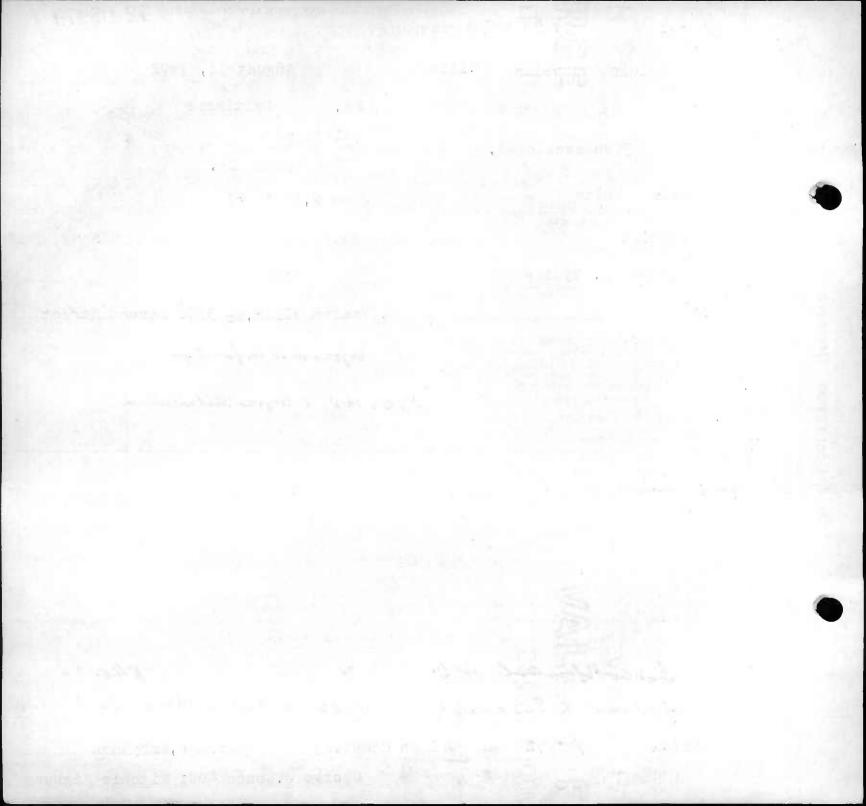
1	, ,,					BALTIMORE CIT	HEALT	H DEPARTM	ENT			72	08	078	
BIRTH	-6/6		72	080	78	CERTIFICA	TE C	F DEA	TH		ATE O		-	MD-DHI	AR.
	ME OF DECEA		00					2. 0		D HOUR O	Arthur March Company			, 30	
3. PL	ACE IN BALTIM	ABINA MORE MARY		LA WFO		ED DEAD	4, USU	AL RESIDENC	& (When	e deceosed	lived, If is	nstilution	n: reside	10	PM.
FULL	NAME OF	(IF NOT II		L OR INST		N, GIVE STREET		TE E	B4	110.	D. INS	A IDE CIT	Y LIMIT	5?	00
10	INA	Nos	P. OS	BA	177		E. STR	ET AND NU	MBER			YES [		NO	
5. SE		RACE				SEVER MARRIED		<u> 28 / / / / / / / / / / / / / / / / / / </u>	MEN	9. AGE (In		400		Ye. If Uni	der 24 His.
	emale	Wh	ite	WIDOWE	一	DIVORCED	8	10/22	_	lost birthday	49	Mont	hs Do	ys Hours	Min.
done of	JSUAL OCCUPA during most of wor	ATION (Give k king life, even	ind of work if relired)	108, KIND	OF BUS	INESS OR INDUSTR	11. BIRT	HPLACE (Stot	e or lorei	gn country)		12. 0			COUNTRY?
			lerk	C&PN	rel	ephone Co			Yor.				US	4	
13. FA	ATHER'S NAME						14. MO	THER'S MAIL	DEN NAM	ME					
15 11		liam		rien	19.7			Mar		Cal	laha	n			
(Yes,	as Deceased Eveno or unknown) ()f	yes, give w	or or dotes	of service	7	SOCIAL SECURITY NO.	W.	obert	Crar	wford n7	41.6	Chu	amÎ	igh	Road
	8. 174	VI			-	CAUSE OF DEAT								PPROXIMATE VEEN ONSET	
		OR CONDI		ECTLY					0			b		VEEN DINSE!	AND DEATH
	This does not neort failure, as njury ar compli	lhenia, elc.	mode of	the diseas	l-, e,	(A) IMMEDIATE CA		QUENCE OF:	COU	CINOME	705	Bre	B.T	24	BAS
'		TECEDENT		aeam.		Capu	10000	0 -	G.					5	0.400
ı	DISEASES OR			ny, givin	g	(B) DUE TO, OR A	A CONS	EQUENCE OF		PST-				123	STATE?
	ise to the JNDERLYING (			stating th	9	(c)									
	<u> </u>	11				(-)									
<u>=</u>   T	OTHER SIGNIFICATOR THE DEATH E	BUT NOT REL	ATED TO TH	E TERMINA	È			************							-
	PA DATE OF O	PERATION		DITION FOR	WH)C	H OPERATION	20A	AUTOPSY? (Y	es or No	208, JF Y	ES, WERE	FINDIN-	GS CO	NSIDERED TH?	
10	1A. A CCIDENT OR CONTRIBUTION DEATH (natify mo	WAS UNDE NG CAUS edico) exomin	RLYING [] E O F	21 he el	B. PLA	CE OF INJURY (e.g., im, loctory, street, o	in or abou	121C. WHERE	DID CUR?	(18	In Boltimo	re City,	give ex	oct locotion)	
D 2	ID. TIME (N	Aonth) (Doy	(Yeor)	(Hous) 21	E INJ	URY OCCURRED		21F. HOW	DID INJ	URY OCCU	R?				
2	APPROX)				/hile A /ork	Not Whi						,	,		
2	2. I certify the	at (1) (this	hospital)	attended	the d	eceosed fram	191	72	1	19t	8	19	7.2	11	9
1 101	hat (i) (we) la	st saw the	deceased	d olive on		8/19/12	1	?	ond the	at in(my)(	(aur) opi	nian d	eath a	ccurred o	n the date
I		ram the cau	ses stote	ed above.	(1)/(W	e) (did) (did not)	view the	body ofter	death.						
	3A. SIGNATURE	1	1 -	1	0	Att Att	ending (	Med.		Stoff F7		23B, D	ATE SI	IGNED	
2	3C. PHYSICIAN'S	ex /	X A	end	m	DEGREE Phy	23D. AD	J Directo	e [_]	Staff Phys.		8	111	1172	
	NAME (Type	-	60	NOON,	M	D	5	104 11		~	Ra	112			
24A.	BURIAL CREMA REMOVAL (Spe	TION, 24B.	DATE			al CEMETERY of CR			35 P.	CATION	1214	ity, town	n, or co	unty)	(Stote)
Bu	urial	8,	/23/7	2 G1	len	Haven Ce	mete	rv	GI	len B	ırn i e	e Me	[ זויין	and.	
25A.	AUG24	HEALTH D		Lucy	QE RE	GISTRAR	25C	FUNERAL D	RECTOR			•	hie	ADDRESS	
VS 1:	50-REV. 1/1/68	The Proof		1		7			441	.00 1	4. 1			ALTV	



1	BALTIMORE CITY	HEALTH DEPARTMENT 72 08079				
76094	W-420 72 08079 CERTIFICA	TE OF DEATH REG. NO. OF MARYLAND-DHME				
at at th th	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
de de cea	Goldie Carvella Wills	August 18, 1972 M.				
of of ath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY				
hosi use ; (5) danc	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Md. Baltimore 2537				
Se;	INSTITUTION	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES Y  NO				
	00 3706 Second St.	Baltimore YES Y NO L E. STREET AND NUMBER				
6 t d + d 6		3706 Second St.				
occurribu ontribu ermine regula eased is mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yt. II Under 24 Hrs. Months; Doys Hours; Min.				
contrib stermin regul ceased n is ma	Female White WIDOWED DIVORCED	June 2,1.891. 81.				
th code dete	IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even it retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
it do not	Housewife	Maryland USA				
if d (4) U was the sposi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
== = = =	George M. Tydings	Jennie  17. INFORMANT ADDRESS				
e e a t	15. Wos Deceosed Ever in U. S. Armed Forces?   16. SOCIAL   (Yes, no or unknown) (II yes, give wor or dotes of service)   SECURITY NO.	17. INFORMANT ADDRESS				
ssist the the kin l dec ince	NO	Warren Wills, Sr 3706 Second Street				
his as to, if any nced enda d or	DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH				
- v 0 5 + 0	LEADING TO DEATH	se myocardal Infarction				
ono alm	(This does not meon the mode of dying, e.g., DUE TO, OR AS , heart foilure, asthenio, etc. It means the disease,	A CONSEQUENCE OF:				
ner act pr	injury ar camplication which coused death.)	0:41.0				
He de de	(6)	V I+D & myocarchal Is cloma				
exa (3) A n w in r	rise to the above cause (A) stating the	A CONSEQUENCE OF				
2 0 5	UNDERLYING CONDITION lost, (C)					
D. I I S F	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
med y bu phy ian	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).					
dy dy	U 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
by a by a 2) Bo re th physicore t	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID (If in Baltimore City, give exact location)				
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	fice bldg., INJURY OCCUR?				
90 - 3 - 5	O 21D. TIME (Month) (Dov) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
hosp natu ept d (6)	OF INJURY (APPROX.)  While At Not While At Not Work At Work					
0 0 7 0 5	22. I certify that (I) (this hospital) attended the deceased from	19 to 19				
an a						
sed to	and haur and from the couses stated above. (1) (We) (did) (did not) v					
ased ent ent spit deat	23A. SIGNATURE	23B, DATE SIGNED				
cid ho ho	Schen Morrowsk. MO GEGREE Phys	nding D. Med. Staff Phys. Staff Staff 2				
s re ac	23C-PHYSICIAN'S	23D. ADDRESS				
An An	Andrew R. Sosnowshi DEGREE	4016 Ritchie Huy Balto 25 M				
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CRE	MATORY 24D. LOCATION (City, town, or county) (State)				
body ws: (1 D.O.	Burial 8/21/72 Meadowridge C	emetery Elkridge Maryland   25C. FUNERAL DIRECTOR ADDRESS				
he how	25A. DATE REC'D BY HEALTH DEPT. 256. NAME OF REGISTRAR	George J. Gonce 4001 Ritchie Highway				

VS 150-REV. 1/1/68

George J. Conce 4001 Ritchie Highway



		haile		BALTIMO	E CITY HEALTH	DEPARTMENT		72.0	8080
J.	-525	10	: 080	80 CERTIE	ICATE O	DEATH	REG. NO		0000
BIRTH 1. NAA	ME OF DECEASED	,		0 ()			NO HOUR OF DE	E OF MARYLA	ND-DHME
(Туре	or Print) - 1 5	NKINS	51/A	Ray			8-72	2 115400-	শাৰ্থনী
3. PL 4		RE MARYLAND, WE	IERE PRONO	UNCED DEAD	4. USUAI	RESIDENCE (Who	ere deceased lived	If institution: residen	M.
					A. SIAIE	E, COU	411	*	) de
HOSP	NAME OF	IF NOT IN HOSPITA	L OR INSTIT	UTION, GIVE STRE	ET Ma:	cyland	Baltin		1552
INSTIT	TUTION				C.CITO	2	1	INSIDE CITY LIMITS?	
7	. 0					AND NUMBER	u_	YES	NO 🗌
50		H. Sen.	Hose.	7-	2001	Acros.	u Sf. =	1230	
5. SEX	6. RA	CE	· MARRIED	NEVER MARRI	D 8. DATE O		9. AGE (In years	If Under 1 Yr. Months: Doys	If Under 24 His.
F	emale t		WIDOWED			22-02	tra	Months: Doys	Hours Min.
10A, U	SUAL OCCUPATION wing most of working	ON (Give kind of work ]	OB KIND OF	F BUSINESS OR IN	OUSTRY 11. BIRTHI	LACE  Stole or fore	ign country)	12. CITIZEN O	F WHAT COUNTRY?
4	1181 111	L-				10			
13. FA	THER'S NAME				14. MOTH	ER'S MAIDEN NA	AA F	USA	
D	Lauri T	) action 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\					
15. Wa	Deceased Ever	n U. S. Armed Force	0 68	1 6. SOCIAL	17. INFOR/	2215			
(Yes, no	or unknown) (If ye	s, give war or dotes	of service	SECURITY NO		as T.Jen	kins/336	Maude Av	Erroe Maud
N				216-05-8	719-B	reah	Bullet	(dey see)	Ave
18.	200	/ 1		CAUSE OF	DEATH				OXIMATE INTERVAL
	DISEASE OR	CONDITION DIRE	CTLY		•			9/	. ONSET AND DEATH
(11		ING TO DEATH	luine on	(A) IMMEDIA		recum	Cal	Lewely	ed:
l he	earl lailute, osther	nio, etc. If magns t	he disense	DUE TO,	OR AS A CONSEQU	ENCE OF:	,	,	
in		an which caused d	leath.)		?	2		h	
		CEDENT CAUSES		(8)	mile	opar	Loras	- iAro	booke
DI	ISEASES OR CO	ONDITIONS, il ar	ly, giving	DUE TO	OR AS A CONSEQ	UENCE OF:	***************************************	70	*
UI	NDERLYING CON	ive cause (A) s	ildling the	(c)				1	
-		- 11		(0)			***************************************		
ATION	HER SIGNIFICANT	CONDITIONS CON	TRIBUTING						
A DIS	SEASE OR CONDITI	NOT RELATED TO THE	1 (A).						
CERTIFIC 13/2	A-DATE OF OPER	ATION 198 CONDI	TION FOR Y	WHICH OPERATION	20A. AL	TOPSY? IYes or No	20B. IF YES, WI	RE FINDINGS CONS	IDERED
	1						IN CERIFIING	CAUSES OF DEATH	•
(AB	A ACCIDENT WA	S UNDERLYING	21 B.	PLACE OF INJUR	(e.g., in or obout 2	C. WHERE DID	(If In Bolt	imore City, give exoci	location)
₹ DE	ATH (natify medical	ol examined	etc.)						
21E OF	D. TIME IMont	h) (Doy) (Yearl		INJURY OCCUR	D 2	F. HOW DID INJ	URY OCCUR?		
E (AI	PPROX.)		Whi	le At N	Wark				
22	. I cartify that 6	(this hospital)					-0-	0-18	
				V-18	_ 9		17 -full	8	197
	•	ow the deceased		0	72 19	and th	at in (my) (our)	apinian death acc	urred on the dote
one	d hour and from	the causes states	i abave. (i	) (Me) (q1q) (q1q	nat) view the bo	dy ofter death.	8-18-	72 (2	2. KS AM)
23A	SIGNATURE	250	•	3	4.1. 10			23B, DATE SIGN	IED
		hlake	3/	DEGR	Attending Phys.	Med. Director	Staff Phys.	8-18-	12 12 00 Aven
230	NAME (Type)	0		2001	23D. ADDRE	SS		0.00	( )
12	3 Carlos	N. Pat	ohin	chue	SKO	SH Se	poi Ho	vocus St	
24A. BL	URIAL CREMATION		24C. NA		OF CREMATORY		CATION	(City, town, or count	y) (Stote)
_			2 00						1. (2.016)
25A. D.	urial	8/21/72		dar Hill			A.Co,Ma	ryland	
	ALE KEUD BY HE	ALTH DEPTET . 12	SR NAAAF O	NE REGISTARA	1260 611	MEDAL DIRECTO			
Λ	11C2/ 107	ALTH DEPTO 2	SB. NAME O	REGISTRAR		NERAL DIRECTOR	1		DRESS
A vs 150	UG24 197	2 Fide	SB. NAME C	No Non			nce 4001.	Ritchie	

specifically a first troop service a page of

	occurred in a hospital and ontributing cause of death ermined cause; (5) Deceased regular attendance on the sased prior to death. Such is made.	
R: IMPORTANT	ner or his assistant if death er. Also, if the direct or c cture of any kind; (4) Undet pronounced death was in lar attendance on the dece bbalmed or final disposition	
FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death f any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased I (except where the physician who pronounced death was in regular attendance on the ); and (6) No physician was in regular attendance on the deceased prior to death. Such se obtained before the remains are embalmed or final disposition is made.	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

2		"プラ	0808	BALTIMORE CITY	HEALT	H DEPARTMENT				
I	1-100	12	0000	CERTIFICA	TF C	DE DEATH	REG. NO	ATE OF	MARYLAND	1 days
	TH NO.	FACED		CERTITION			ND HOUR OF DEATH		72 080	181
	pe or Print)	DIVI	1/						116	•
3.	PLACE IN BAL	TIMORE MARYLAND, V	VINCE	INCED DEAD	4. USU		ere deceased lived. If i		residence before adr	mission)
	THE THE	THE THE PARTY OF T	VIII NO TO	SINCES SEAS			NUTY	-	2 lach	2
FU	LL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITE	JTION, GIVE STREET		Md.		0	) 4 7	~
IN	NOITUTION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		C, CITY	OR TOWN	D. IN:	SIDE CITY I		
		Union Memor	rial Hos	oital	E STDI	Balto.		YES X	NO L	
							Auna Dayta	Ma	07 07 2	
5.	FY	6. RACE	7- 444 00000	Theres was a second		58 Elmora	Ave. Balto.			24 Hrs.
	M	TaT		NEVER MARRIED		5/21/20	lost birthdoy	Months.	Doys Hours	Min.
IGA		UPATION (Give kind of wor	WIDOWED	BUSINESS OR INDUSTRY	11. BIRT		reign country)	12. CIT	ZEN OF WHAT CO	DUNTRY?
		working life, even if retired)						12. 011	izzii oi wiizi oo	OTTIKI.
	Longsh		I.L.	A. Union		Md				
13.	FATHER'S NA	ME			14. MO	THER'S MAIDEN NA	ME			
		Charles Du	va			Catherine	Romeo			
15.	Wos Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFO	PRMANT			ADDRESS	
1	yes	WW II	60	217-07-8847	Ca	therine Du	va (mother)	5	same as abo	ove
-	18. 1/10	7 2	Salth.	CAUSE OF DEAT					APPROXIMATE INT	ERVAL
	1110	SE OR CONDITION DE	SECTION SECTION	Acute	mucoci	ardial infa	ration		duration	D DEATH
	O I JET	LEADING TO DEATH			-		of Colon		about 30mi	nutes
		not meen the mode of		(A) IMMEDIATE CAU	A CONSE	QUENCE OF:				
		nplication which capsed		Arteri	oscle	erotic C.V.	D. Class I	I-IIT	8 months	+
		ANTECEDENT CAUSE	S 2							r
		OR CONDITIONS	out giving	DUE TO, OR AS	A CONS	EQUENCE OF:				
		e obove coust (A)	coting the	ord auce	ro-se	eptal myoca	rdial infar	ction		
	ONDEREIN	o combination	E	(C)						*******
Z	OTHER SIGNI	FICANT CONDITIONS CO	HRIBUTING						107	
ATION	I O THE DEA	TH BUT NOT RELATED TO	THE TERMINAL						***************************************	
		OPERATION 198. COM	IDITION FOR	WHICH OPERATION	20 A.	AUTOPSY? (Yes or h	o) 20B. IF YES, WERE	FINDING	CONSIDERED	
ERTIFIC	0	WAS PER	RFORMED				IN CERTIFYING CA	AUSES OF	DEATH?	
S	21 A. ACCIDE	NT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., i	n or abou	121C. WHERE DID	(If in Boltlmo	re City, gi	ve exoct focotion)	
A		medical examiner	etc.		ince oldg	, INJURI OCCUR:				
EDIC	21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED		21F. HOW DID IN	JURY OCCUR?			
ME	OF INJURY			ile At Not Whil						
	(APPROA)		Wo	rk	<u> </u>	/22 /22		0.7-0	1	
	22. I certify	that (1) (this haspita	l) attended t			20/72	.19ta	8/18,		
	that (I) (we)	Last sow the deceas	ed olive an	8/5/72	1	9ond t	hat in (my) (aur) op	inian dec	oth accurred an t	he date
	and have of	from the causes sta	ited abave. (I	) (10) (did nat) v	iew the	bady after death				
	23A SIGNATI	RE						23 B. DA	TE SIGNED	
	(18)	14mily	R.V. Ra	ngle, Madage Phy	ending 5	Med.	Staff Phys.	8	/21/72	
	23C. PHYSICIA NAME (1		210	1.10041	23 <b>D.</b> AD	DRESS				
	I TANIVE (	Dr. R. V. R	angle			2938 5+	. Paul St.			
24/		MATION, 248. DATE		AME of CEMETERY OF CRI	EMATOR			City, town,	or county) (	(State)
	REMOVAL (									
25	BURIAT	BY HEALTH DEPT.	72 Pa	rkwood Cemete	ry	SIINEDAL DIRECTO	Balto. M	d	ADDRESS	
23/	A A A APPR	1	230 HAME	NEOISTRAK	250	Schimunek	runeral nom	es, Ir	1c. 3331 B	rehms
4U	G24.19	2 Trans	Milly	TON		0 17 6	Lane, Balt	o. Md.	21213	
12	130-REV. 1/1/	08	7 35	Great Colf	1 6	0 . 8				

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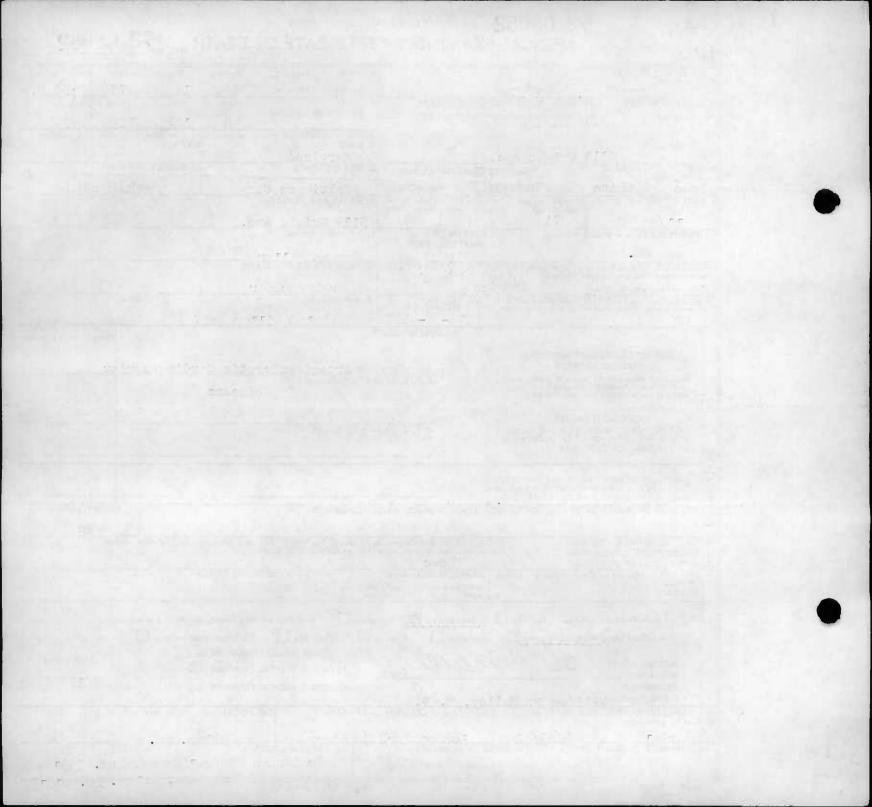
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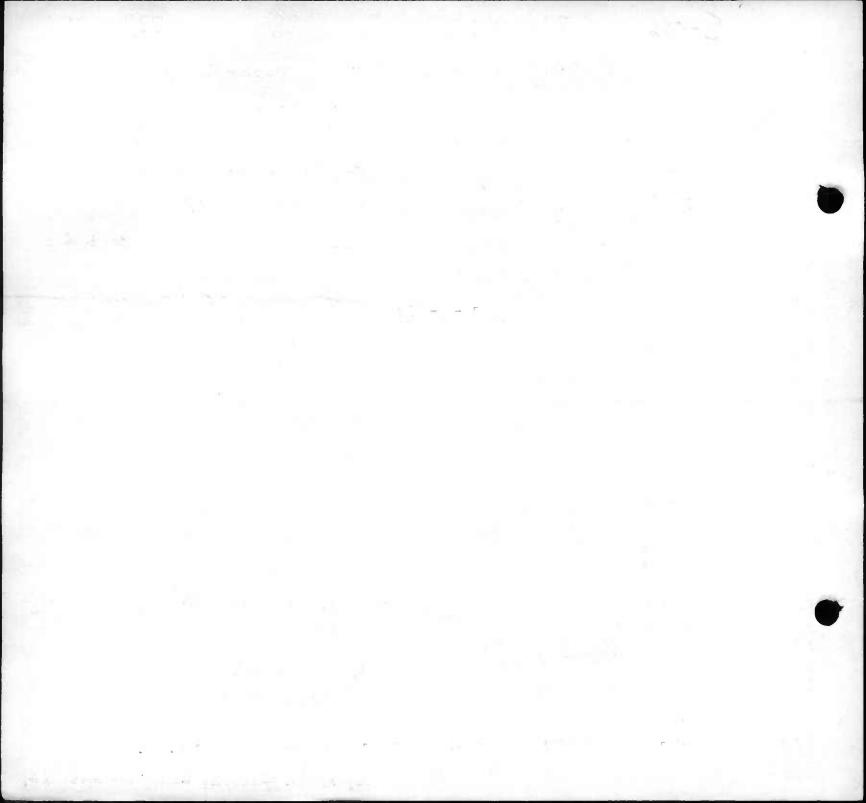
72 08082 BALTIMORE CITY HEALTH DEPARTMEN

		72 08	202	BA	ALTIMORE CITY HE	ALTH DEPA	RTMENT					
M-11(1)								DEAT	u "	72 08	CROS	
111 960		WED	ICAL	. EXA	AMINER'S	CKIILI	CATE OF	DEAT	REG. NO.	Y- (1)	2000	
BIRTH NO.	FACED					Ja - 5476					1	
t. NAME OF DEC (Type or Print)	EASED					2. DATE OF	Known X	Month	Day	Yeor	Hour	
J	OHN I		LLER			DEATH	Estimoted	88	18	72	7:50	Р. м.
4. PLACE IN BAL						3. DATE	HAICED DEAD	Month	Doy	Year	Hour	
FULL NAME OF HOSPITAL	(IF NO	T IN HOSPITA	LORINS	TITUTION,	, GIVE STREET	PRONO	UNCED DEAD	8	18	72	7:50	P. M.
OR INSTITUTION			,				ESIDENCE (Where		ved. If Institutto			sion)
100	511/	\ TT * - 1.	A. A			A. STATE			B. COUNTY		63	4
6. SEX	7. RACE	Wrigh				C. CITY OF	yland		ID. INSIDE C	IT V LIMITS?		
o. JEA			100	-	NEVER MARRIED	C. CITT OF						
Male	White		WIDOV		DIVORCED	Ba1	timore Cit	У	Y	ESK	ио 📙	
9. DATE OF BIRTH	1	lost birthdo		If Under	1 Yr. II Under 24 Hrs. Doys , Hours , Min.	E. STREET	AND NUMBER					
77/28	/00	71	,			5119	Wright Ave	2				
II. BIRTHPLACE (S		n country)		12. CITI	ZEN OF	13. FATHER						
					AT COUNTRY?							
M		- (Cortin toward)	40 MIA 15	OF PUE	ISA.	Robe	rt Miller	45				
one during most of w	orking life, ev	en if retired)	Uni	ted T	iness or industr	13. MOINE	K 3 MAIDEIN INA	ne.				
ingurance	e agent		Ame	rica	) LL O (AL	Car	rie Schoor					
6. WAS DECEASE	D EVER IN	U.S. ARMED	FORCE	5? 17	SOCIAL SECURITY NO.	18. INFOR	MANT		A	DDRESS		
no	(11 yes, give v	ror or dates	N PRIAICA		215-05-8547	77	ioret Min	er (wi	fe)	came	as abo	37.0
19.	CH.			1.5	CAUSE OF DEA		10,00 1111	CT 1 44	101	Ai	PROXIMATE IN	TERVAL
7/3	Topin .									BETW	VEEN ONSET A	ND DEATH
	ORCOND		TLY									
	LEADING TO				(A)IMMEDIATE	AUSE Art	eriosclero	otic C	ardiovas	scular		
heart follure,	ot mean the asthenio, etc.	. It meons the	disease,		DUE TO, OR	AS A CONSEC						
Injury or com	plication which	h coused dec	lh.)				נע	Lsease				
AA	NTECEDENT	CALISES			In A							
			GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
RISE TO THE	R CONDITION	USE (A) STAT	ING THE									
Z	IG CONDITI	ON LASI.			(c)							
2		11			***************************************							
OTHER SIGN	IFICANT CON	IDITIONS CO	NTRIBU	TING						- 1 -		
DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A)	UNAL								
OTHER SIGN TO THE DEA DISEASE OR  20A. DATE OF	OPERATION	1 20B. CON	IDMON	FOR WH	ICH OPERATION W	AS PERFORM	AED			21. AUTO	PSY? (Yes	r No)
5											Mo	
ZZA. EXTERI	MAL CALICE	MAG		IOOR BLA	CE OF INITIDA	In an about	and White Dip	(n +- n - ht	Classification		No	
UNDERLYING	NAL CAUSE			home, fo	CE OF INJURY (e.g., rm, foctory, street, office	e bldg., etc.)	NJURY OCCUR?	(II IN BOILIMO	re City, give ex	act location)		
M UTING □ CA					home							
≥ 22D. TIME (	Month) (D	oy) (Year	) (Hou		NJURY OCCURRED		22F. HOWDID IN	JURY OCC	UR?			
(APPROX.)				m. WHIL	EAT NOT	WHILE U						
23.				in i wor								
1 cert	Ify that 1 h	eld an l	agulry [	] Ir	spection 🖾 Au	tapsy	and that on th	is basis,	death in my	apinlan		
	ed fram: N				dent Suicie				ned manner			
result	ed tram: IN	aturot can	05 10	ACCI	dent [ ] Suici				ned manner			
ACTUAL		911	(P	201	ullay		CHIEF MEDICAL E				DATE SIG	NED
SIGNATI	IRE		3	114	cee ay M.	ASS	ISTANT MEDICAL E	XAMINER	X			
EXAMIN					1	ASSO	CIATE MEDICAL E	XAMINER			8/19/7	2
NAME (T		lliam 1	o Mi	11ov	. M. 19							
24A, BURIAL CREA	AATION.	48, DATE			NAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, tow	n, or county	) (Sto	te)
REMOVAL (Specif	(Y)		,									
Burial		8/23	/72		Loudon Park			Bal				
25A. DATE REC'D	BY HEALTH	DEPT.	258.1	NAME OF	REGISTRAR	25 C.	FUNERAL DIRECTO			ADDRESS		
AIIG	24 19	77	de	syls	MANON		Schimunek	Funer	'al Home	s, Inc	• 3337	
/C 151 nr. 20 //			1.7					rehms		at boar	dd. 21	717
VS 151-REV. 1/1/68		1	40	si dina		c 1 /	. 0			1	1-ms C]	-17



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		HEALTH DEPARTME		72 08083
0-326	CERTIFICA	TE OF DEAT	H KEG. NO	
1. NAME OF DECEASED (Type or Print)  S. E. A.L. Z. P. A.A.T.O.	24:- 5		TE AND HOUR OF DEATH	OF MARYLAND-DHMH
JENGER, ANIO		rbara (	8-20-72, 1	3.30 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	A. SIAIE B.	COUNTY	itution: residence before odmission)
HOSPITAL OR ADDRESS OR LOCATION	GIVE STREET	C. CITY OR TOWN		E CITY LIMITS?
CHURCH HOME & HOSPITAL	_	BALTEMO E. STREET AND NUM	RE CITY	YES NO
3.5			GLOVER STRE	IT
5. SEX 6. RACE 7. MARRIED NE	/ER MARRIED	8. DATE OF BIRTH		II Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
To W WIDOWED	DIVORCED	04-12-8	5 lost birthdoy)	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN done during most of working life, even if retired)	ESS OR INDUSTRY	11. BIRTHPLACE (Stote	or loreign country)	12. CITIZEN OF WHAT COUNTRY?
Marse Wife nou	2	CZECH		a.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
JOSEPH LORECA	4	6	Barbara?	
	CURITY NO.	17. INFORMANT	Baybara? anson 3502 Ju	ADDRESS
	-74-9432	Helen M	anson	7,
7 7 7 0	AUSE OF DEATH	O zastino	Heart Filuxo Dlo	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		1/11/ . /	Heary Justine, fre	2
(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAUS DUE TO, OR AS A	COMMEQUENCE OF:	to Kenay fairling	
heost failure, osthenia, etc. It means the disease, injury ar complication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:	940 944 944 944 944 944 944 944 944 944	
TIMEDEDLYING COMPITION (	(c)	7-24-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2		
2				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
O DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE FIN	IDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A.DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  U 21A. ACCIDENT WAS UNDERLYING 1		nor		ES OF DEATH?
OR CONTRIBUTING CAUSE OF home, lorm,	OF INJURY (e.g., in foctory, street, affi	or about 21C. WHERE C	OID (Il in Baîtimare ( UR?	City, give exact location)
O 21D. TIME IMonth! (Doy) IYeor IHour 21E INJUR  While At T	Y OCCURRED	21F. HOW DI	D INJURY OCCUR?	
(APPROX.) While At [	Not While			
22. I certify that (1) (this hospital) attended the dece	_	-4-	1972 to 8' -	-20 - 10 72/
that (1) (we) lost sow the deceased alive on	7 -28	<u>-19</u> 72 。	nd that interval (our) apinio	on death occurred on the date
and hour and from the couses stated above. (1) (We)	(did) (did not) vi	ew the body after de	noth.	
	real	. /		B, DATE SIGNED
	DEGREE Phys.	ding Med.	Staff Phys.	8-20-72
23C. PHYSICIAN'S MOTT'S on,		D. ADDRESS CHURC	CH HOME & HOS	
ZIA, BURIAL CREMATION, 124B. DATE 124C. NAME OF	DEGREE	BALTI	MORE, MD.	
REMOVAL ISpecify!	CEMETERY OF CREA			town, or county) (Stote)
Buria   8/23/72   Boher		nal Cemetery		
AUG24 1972 Andry My with		25C. FUNERAL DIRE	THURRAL M3	331 BREHMS LA.
VS 150-REV, 1/1/68	12	TO THE TOTAL	- Janeical Hom	



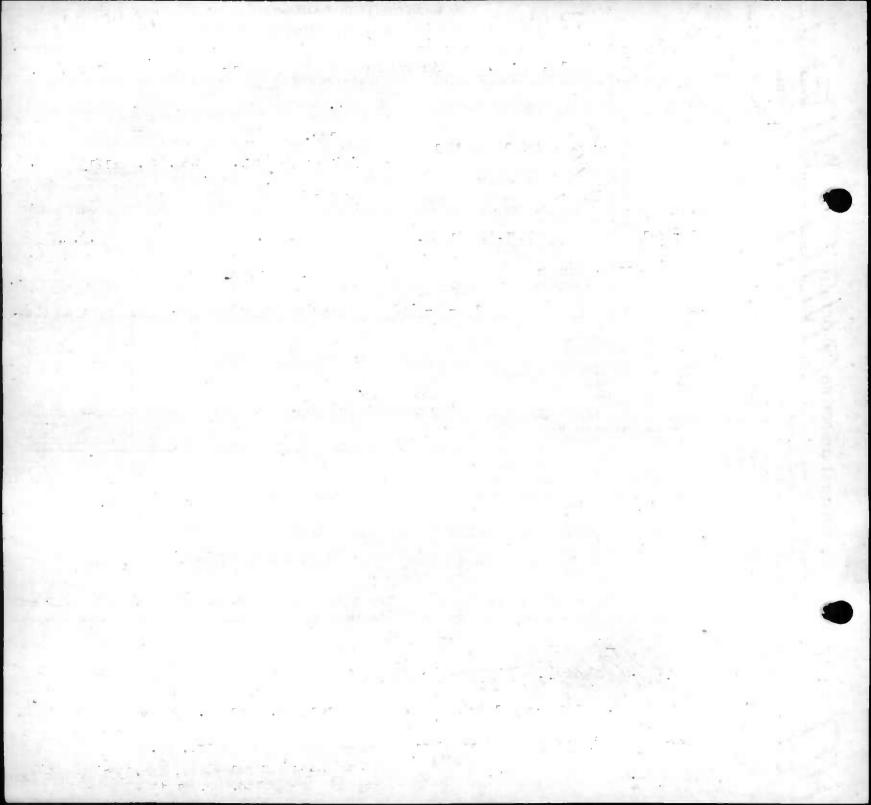
## FUNERAL DIRECTOR: IMPORTANT

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/	BALTIMORE CITY	HEALTH DEPARTMENT	H	70 0000				
C-534 72 08084	CERTIFICA	TE OF DEATH	REG. NO.	72 08084 MARYLAND EDHAR				
T. NAME OF DECEASED (Type or Print)		2. DATE AND	HOUR OF DEATH	State of the state				
Endlich, Mrs. Minnie	н.	8/20/20	3 8 100	m.				
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY		itution: residence before admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ION, GIVE STREET	c. CITY OR TOWN	D. INSID	BOATO NOS.				
24		B. 1 to.		YES Y NO				
		E. STREET AND NUMBER		101				
Bon Decours Hosp.		437n. F11	(Wood /7	ve 601				
5. SEX 6. RACE 7. MARRIED WIDOWED C	1 LACA EK HOKKIED	8. DATE OF BIRTH 9.	AGE (In years t birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.				
IOA USUAL OCCUPATION (Give kind of work TOB, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign	country)	12. CITIZEN DE WHAT COUNTRY				
done during most of working life, even if retired)  (In (m 670407.		in -1.		1100				
13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME		9,3,4.				
William Melbohi	7,	Lesline						
(Yes, no or unknown) (if yes, give war or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
no	216-01-0982	Henry Endlich (	son) s	ame as above				
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
LEADING TO DEATH	(A)IMMEDIATE CAUS	se uremia						
heart failure, asthenia, etc. It means the disease,	This does not mean the mode of dying. e.g.							
injury or camplication which caused death.)		4						
ANTECEDENT CAUSES	(B) dely	quation Vial	retes melli	tus				
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS A	A CONSEQUENCE OF:	retis melli					
UNDERLYING CONDITION last,	(c) lype	stension, as	teriosclero	sis				
11	- 1							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	***************************************							
DISEASE ON COMMINGNO GIVEN IN PART I IAI.								
19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY! (Yes or No)	OB. IF YES, WERE FIR	NDINGS CONSIDERED				
19A-DATE OF OPERATION 19E CONDITION FOR WH	IICH OPERATION	20A. AUTOPSY? (Yes or No)	OB. IF YES, WERE FIN	NDINGS CONSIDERED				
WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121R. PL	LACE OF INJURY (e.g., in	or obout 21 C. WHERE DID NUTURY OCCUR?		NDINGS CONSIDERED SES OF DEATH?  City, give exact location)				
OR CONTRIBUTING DICAUSE OF	LACE OF INJURY (e.g., in form, foctory, street, officers, street, street	or about 21 C, WHERE DID ce bldg. INJURY OCCUR?	(If in Boltimore					
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examines)  21D-TIME (Month) (Day) (Year) (Hour) 21E IN OF INJURY	LACE OF INJURY (e.g., in form, foctory, street, officential of the control of the	or about 21C, WHERE DID ce bldg, INJURY OCCUR?	(If in Boltimore					
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OR CONTRIBUTING CAUSE OF DEATH Inofify medical examines   home, etc.)  21D.TIME (Month) (Day) (Year) (Hour) 21E, IN While Work  22. 1 certify that (1) (this haspital) attended the that (1) (we) lost saw the deceased alive on and hour and from the causes stated above. (1)	NJURY OCCURRED  At Not While At Work  deceosed from  Attention  Attention	or obout 21 C. WHERE DID ce bidg. INJURY OCCUR?  21F. HOW DID INJUR  Aug 19 19  19 2 ond that ew the body ofter death.	(If in Boltimore  Y OCCUR?  7 2 to Aug in(my) (our) opinion	City, give exoct location)  2				
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OR CONTRIBUTING CAUSE OF DEATH Inofify medical examines!  DEATH Inofify medical examines.  DEATH In	Not While At Work  deceosed from  (did) (did not) via  DEGREE   OCCURED    Attendary   Attendary    OCCURED   Attendary    Attendary   Attendary    OCCURED   Attendary    OCCURED   Attendary    OCCURED   Attendary    OCCURED   Attendary    OCCURED   ATTENDARY    OCCURED   OCCURED    OCCURED   OCCURED	or obout 21C, WHERE DID ce bidg. 21F. HOW DID INJURY OCCUR?  21F. HOW DID INJUR  Aug 19 19 19  19 2 ond that ew the body ofter deoth.  ding Med. Sto Phy  BD. ADDRESS  BON SE  MATORY 24D. LDC.	(If in Boltimore  Y OCCUR?  To Aug  in (my) (our) opinion  # 2  COULS  ATION (City.	City, give exact location)  20. 19.73  on death occurred on the date  Aug 20'72  Rosp.				
OR CONTRIBUTING CAUSE OF DEATH Inofify medical examines!  White Work  DEATH Inofify medical examines!  DEATH Inofify medical examines!  White Work  DEATH Inofify medical examines!  DEATH Inofify medical examines!  White Work  DEATH Inofify medical examines!  DEATH Inofify medical examines.  DEATH	ACE OF INJURY (e.g., in form, foctory, street, officers, street, officers, street, officers, form, foctory, street, form, foctory, street, form, foctory, foctory, form, foctory, form, foctory, foctory, form, foctory, focto	or obout 21C, WHERE DID INJURY OCCUR?  21F. HOW DID INJUR  21F. HOW DID INJUR  21F. HOW DID INJUR  21F. HOW DID INJUR  Aug 19 19 20 ond that  ew the body ofter deoth.  Med. Sto Phy  3D. ADDRESS  BON SE  MATORY 24D. LDC.	(If In Boltimore  Y OCCUR?  22 to Aug  in (my) (our) opinion  # 22	City, give exoct locotion)  20 19 72  on death occurred on the date  38. DATE SIGNED  Aug 20 72  Losp.  town, or county) (Stote)				
OR CONTRIBUTING CAUSE OF DEATH Inofify medical examines!  DEATH Inofify medical examines.  DEATH In	ACE OF INJURY (e.g., in form, foctory, street, officers, street, officers, street, officers, form, foctory, street, form, foctory, street, form, foctory, foctory, form, foctory, form, foctory, foctory, form, foctory, focto	or obout 21C, WHERE DID ce bidg. INJURY OCCUR?  21F. HOW DID INJUR  Aug 1 19  21F. HOW DID INJUR  Aug 19  20 and that  ew the body ofter deoth.  Med. Ste Director Phy  BD. ADDRESS  BON SE  MATORY 24D. LDC.	(If in Boltimore  Y OCCUR?  10 Aug  In (my) (our) opinion  ##. December 12  ATION (City.  Balto. Md.	City, give exact location)  20. 19.73  on death occurred on the date  Aug 20'72  Rosp.				
OR CONTRIBUTING CAUSE OF DEATH Inofify medical examines!  White Work  DEATH Inofify medical examines!  DEATH Inofify medical examines!  White Work  DEATH Inofify medical examines!  DEATH Inofify medical examines!  White Work  DEATH Inofify medical examines!  DEATH Inofify medical examines.  DEATH	ACE OF INJURY (e.g., in form, foctory, street, officers, street, officers, street, officers, form, foctory, street, form, foctory, street, form, foctory, foctory, form, foctory, form, foctory, foctory, form, foctory, focto	or obout 21C, WHERE DID INJURY OCCUR?  21F. HOW DID INJUR  21F. HOW DID INJUR  21F. HOW DID INJUR  21F. HOW DID INJUR  Aug 19 19 20 ond that  ew the body ofter deoth.  Med. Sto Phy  3D. ADDRESS  BON SE  MATORY 24D. LDC.	(If in Boltimore  Y OCCUR?  10 Aug  In (my) (our) opinion  ##. December 12  ATION (City.  Balto. Md.	City, give exoct locotion)  20 19 72  on death occurred on the date  38. DATE SIGNED  Aug 20 72  Losp.  town, or county) (Stote)				

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approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the be obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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0		MO	0000=	BALTIMORE CITY	HEALTH DEPARTMENT		mg (	08085
BIRTH			08085	CERTIFICA	TE OF DEATH	SHATT	MARYL	AND-DHMH
1. NAM (Type o	TE OF DECEA	_	TIP.	D.: -1 1		AND HOUR OF DEATH		
3 PI A	CE IN RALTIA	The Ima			On    4. USUAL RESIDENCE (V	Vhere deceased lived. If in	n stitution: resi	12:30 P.M.
		TORS INTRACED TO	TIERE I ROMO	THOUS SEAS	A. STATE B. CO	YTAU	-	1/14-7
FULL I	NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTJON, GIVE STREET	Md.	la mis	IDE CON LIM	750
INSTITE	UTION					D. IN3	IDE CITY LIM	NO 🗌
4	- 4	Union Men	norial H	ospital	E. STREET AND NUMBER	2	153 [2]	140 🗆
-1				opprod1	3929 Kenyon	Ave. Barto.	. Md.	21213
5. SEX	6.	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.
	F	W	WIDOWED	= =	3/23/15	lost birthdoy)	Months D	ays Hours Min.
					11. BIRTHPLA CE (Stote or	foreign country)	12. CITIZE	N OF WHAT COUNTRY?
		king life, even if retired)	Cin - 71 - 3	01= 0	77			TT 01 A
	lerical		binclar	r Oil Co.	Penn 14. MOTHER'S MAIDEN 1			U.S.A.
15 141		illiam Warne		1 6. SOCIAL	Emma 17. INFORMANT	Shirk		DDRESS
Yes, no	or unknown) (II	er in U. S. Armed For yes, give wor or dote	s of service)	SECURITY NO.	INFORMANT		A	DD4E33
no	0			188-07-0559		chardson (hus		same as abov
18,	410	3 1		CAUSE OF DEATH	1			APPROXIMATE INTERVAL
ris Ut	HER SIGNIFICA	CONDITIONS, if above cause (A) CONDITION last.	sloting the	(c)	A CONSEQUENCE OF:			
4 DIS	SEASE OR CON	PERATION 198. CON	RT 1 (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes or	Noll 208 IS VES WERE	EINDINGS C	ONSIDERED
ERTIFIC 164	DATE OF O	WAS PER		WHICH OPERATION	ZVALAGIOFSI; (Tes of	No) 208, IF YES, WERE IN CERTIFYING CA	USES OF DE	ATH?
OR DE	CONTRIBUTE	WAS UNDERLYING CAUSE OF		e, form, factory, street, of	n or obout 21C. WHERE DIE fice bldg., INJURY OCCUR	(If in Boltimo	re City, give	exoct location)
0 211		Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
>	PPROX.)		Whi	te At Not While				
		40.71	Wor				10	
				he deceased from	7-3/-	19 72 to 8		19.73.
the	ot (I) (we) la	ist sow the decease	ed alive on	9 10 /	and	that in (my) (our) op	Inion deoth	occurred an the date
		2/11	ted above. (I	) (We) ( <del>did</del> ) (did nat) v	iew the body after dear	th.		
234	A. SIGNATURE	1/1/6	111	A	adian T/ Mad T		238, DATE	SIGNED
	TAI	11 rogeret	1/	DEGREE Phys	nding Med. Director	Staff Phys.	8-	72-12
230	NAME (Type		-		23D. ADDRESS			
		D /	Waghe	stein GEGREE	7070 St	Paul St.		
24A. 81	URIAL CREMA	ATION, 24B. DATE	24C. N	AME of CEMETERY of CRE	MATORY 24D	LOCATION (C	City, town, or	county) (State)
	rial	8/23/7	2 1	Holly Hill Cem	etery	Balto.	Md.	
25A, D	ATE REC'D BY	HEALTH DEPT	258. NAMES		Schiminel F	TOR	T	ADDRESS
AU	1624 19	12 /2/00	19 7	2000	1001	distributes,	THC. 3	331 Brehms Lar
VS 150	-REV. 1/1/68	,			1 0 0 2	parto. Md. 21	413	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

7-				BALT	IMORE CITY	HEALTH DEPA	ARTMENT		72	08086
BIRTH NO.	50	72	0808	G CER	TIFICA	TE OF D		REG.1	ATE OF	MARYLAND-DHMH
(Type or Pri	P DECEASED	LARA	U. :	Thom	ANI		2. DATE A	ND HOUR OF	DEATH	9.05 0
3. PLACE I	N BALTIMORE	MARYLAND,				4. USUAL RES	IDENCE (Who	ere deceased fiv	-	ion; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION						C. CITY OR TO	land	Ba	D. INSIDE C	and a second
4 4		Mur on	al /f	espita	l.	E. STREET AN	D NUMBER	2	YES	Balt. 21214
5. SEX	6. RAC	£	Z. MARDIET	NEVER M	A SUICE C	8. DATE OF BIE				
F		W.	MIDOMEI	VID DIV	ORCED	03-31	-17	)A	ESEX K	Under 1 Yr. If Under 24 Hrs
done during		N (Give kind of worlife, even if retired)	TIOR KIND C	OF BUSINESS O	R INDUSTRY	0	E (State or form		12	Accepted Country
13. FATHER	'S NAME		1			14. MOTHER'S	MAIDEN NA	ME		
_		ree E.					470	Srift	lin	
Yes, no or un	ceased Ever in known! (If yes,	U. S. Armed Fo	rces? es oi servicel	1 6. SOCIAL SECURIT	Y NO.	17. INFORMAN	•			ADDRESS
		no					am A.	Thoman,	Same	as Above
18. 4		CONDITION DING TO DEATH	RECTLY		E OF DEAT		e respi	ratory	Arrel	BETWEEN ONSET AND DEATH
l heart f	Chis does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.]  (A) IMMEDIATE CAUSE Carclie Tespira Fory Arrest 48 h.v.									
	ANTEC	EDENT CAUSES	5	/p\	Care	Sro Vace	ular 1	Accide	aces	14 days.
rise I	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  (C)					A CONSEQUEN	CE OF:			
O THER S	DEATH BUT N	II CONDITIONS CO	THE TERMINAL							
		TION 198 CON WAS PER		WHICH OPER	ATION	20A. AUTOP	SY? (Yes or No	ON LETTIFYING	WERE FINDI	NGS CONSIDERED OF DEATH?
OR CO	21A- ACCIDENT WAS UNDERLYING   21B PLACE OF INJURY (e.g. home, form, foctory, street, etc.)					n or about 21 C. William INJUR	HERE DID	(If In E	Boltimore City	/, give exact location)
OF INJ	21D. TIME (Month) (Doy) (Yearl (Hour) 21E INJURY C OF INJURY (APPROX.) While AI				CURRED Not While Al Work	• [	OW DID IN	URY OCCUR?		
22. 1 c	ertify that (I	) (this hospita	l) attended	the deceased	from D	8-0)-		19 22_ta_	08-	21 - 19 22
that (I)	(we) last so	ow the deceas	ed altre on.	08-	21	19_72	and th	nat in (my) (ou	r) opinion	death occurred on the date
		the causes sta	ted above.	(1) (We) (did)	(dtd not) v	lew the bady o	ofter death.			
23A. SIC	NATURE	We Th	relleria	D 4.	AHe	nding N	Aed.	Stoff 153°		DATE SIGNED
236, PH	YSICIANS	- //	100		DEGREE Phy		Pirector L	Stoff Phys.	10	08-21-72
NA NA	TSICIANS IME (Type) DANT	E M	ANYE	sai M	. D.	11	não u	Meur	niup	Haspital.
24A. BURIA REMO		4, 248. DATE	24C. N	IAME OF CEM	ETERY of CRI	MATORY	24D. L	OCATION	(City, to	wn, or county) (State)
Bu	rial	8/24/	72	Parkwo	od Cer	netery		Baltim	ore.M	d.
AUG	24 1972	ALTH DEPT.	25B. NAME	OF REGISTRAR		25C. FUNER	ard J	1		Balto., Md.
VS 150-REV	. 1/1/68		11 7 3	\$ -00 ×	1	1	W GO			

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0 1100 500		HEALTH DEPARTMENT		72 08087	
The state of the s	087 CERTIFICA		REG. NO. STATE	OF MARYLAND-I	HMH
Type or Print) CHARLES	A. PO	LE 2. DATE AI	st 21. 19	72   11	PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONO UN CED, DEAD	4. USUAL RESIDENCE (Who	ere deceased lived, II in	nstitution: residence before	
FULL NAME OF " (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	INSTITUTION, GIVE STREET	Mary land	D. INS	IDE CITY LIMITS?	15
00 6004 Edna	Ave.	Baltimore E. STREET AND NUMBER		YES NO	
5. SEX   6. RACE   7. MA.		6004 Edna	9. AGE (In years	If Under 1 Yr., If Under	er 24 Hrs.
male caucasian wind	RRIED NEVER MARRIED DIVORCED DIVORCED	Jan.8,1891	lost birthdoy) 81	Months Doys Hours	Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KI				12. CITIZEN OF WHAT	COUNTR
done during most of working life, even if retired) Hospital worker Fish	er Bodyretir	ed Balto, Mo	1.	USA	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
un	cnown	unknown			
5. Was Deceased Ever in U. S. Armed Ferces? Yes,no or unknown) (II yes, give wor or dotes of se	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No	216-09-860	2 Mrs. Juli	a F. Pole	(wife) same	e ad
18. 4 10.91	CAUSE OF DEAT			APPROXIMATE I	
DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM	(c)	A CONSEQUENCE OF:			
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, o etc.)	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimor	re City, give exoct location)	
21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not Whi Work At Work	21F. HOW DID IN	JURY OCCUR?	0 . 1	94.1
22. I certify that (I) (this hospital) atter	ded the deceased from	5-6/	.19to	021	9 1
that (1) (we) lost sow the deceased aliv	e on Sally	19 /2 ond t	hot In (my) (our) opi	inion deoth occurred or	the do
and hour and from the couses stated about		view the body ofter deoth.			1132
23A. SIGNATURE	Ath Degree Phy		S taff Phy s.	23 B. DATE SIGNED	22
23C. PHYSICIAN'S NAME (Type)	100	23D. ADDRESS	3 4	D-14 363	
	R. von Rigler			, Balto, Md.	
REMOVAL (Specily)	4C. NAME el CEMETERY er CR	EMAIORT 24D.		ity, town, or county)	(Stote)
Burial Aug. 24'72	Loudon Park	DEC FUNERAL BIRE	Baltimor		
25A. DATE REC'D BY HEALTH DEPT . 25B. N	AME OF REGISTRAR	Zec. FUNERAL DIRECTO		cBalto, M	d.
AUGA4 IJIC		Treotrat a	ituen, III	CDallo, M	

Tallers I was a to be to be Total Common of tiga gali li a man manaka menangan ayan ang manggalang ang manggalang ang manggalang ang manggalang ang manggal No i samenia ni isa disa -01 . www.idites The same and the same of the s

				STATE OF MARYLA						
1	111	72	08088	BALTIMORE CITY HE	ALTH DEPAR	TMENT				
-1).	-6/6	~	MEDICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	Η	72	08088
BIRTH	NO.							REG. NO	1/4	VOUGA
1. NA/	ME OF DECEA	SED			2. DATE	Known PAX	Month	Day	Yeor	Hour
(Type or	r Print)	Bernard	Driver		OF	Estimoted	8	23	72	
4 PLA	CE IN BALTIN	OPE MARVIA	ND WHERE P	RONOUNCED DEAD	DEATH 3. DATE		Month	Doy	Yeor	Hour '
	AME OF			STITUTION, GIVE STREET		NCED DEAD	8	23	72	7:45 a.
HOSPITA	AL	ADDRESS O	R LOCATION)	MONON, OIVE SIKEEI						М
OR INS	TITUTION	- In IV	1.4 77			SIDENCE (Where		ed. If institution: B. COUNTY	residence be	efore odmission)
-	23 70	onns hop	kins Hos	spital	A. STATE Md.			s. COUNTY	-	×06
6. SEX	7.	RACE	8. MAD	RIED X NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	
male Negro					Balt.	0.				
						ND NUMBER		YE	s X N	10 🗆
y. DAI	E OF BIRTH	lost	AGE (In years birthday) 45	If Under 1 Yr. If Under 24 Hrs. Months; Days; Hours; Min.						
Ma	r 19, 19	927	45		TOTT :	E. North A	venue			
11. BIR1	THPLACE (Stote	e or foreign co	untry)	12. CITIZEN OF	13. FATHER'S	NAME				
Pa	1+imoro	, Maryla	had	WHAT COUNTRY?	Henry	Driver				
14A.USI	UAL OCCUPA	TION (Give kind	of work 14B. KIN	O OF BUSINESS OR INDUSTR			E			
		king life, even if	retired)		100					
	berer	EVED INTIL C	Gener			Gordon		4.0	DRESS	
Yes, no	or unknown)list	yes give wor o	ARMED FORCE	S? 17. SOCIAL SECURITY NO.	18. INFORM	IAINI		AL	DKESS	
ve	s	COREAN 9	-20-50 t	0 219-18-6075	Mrs.	Freda Driv	rer 16	11 E. No		
19.	2-71	9	-25-52	CAUSE OF DEA	TH					ROXIMATE INTERVAL
	DISEASE	DE CONIDITIO	NI DIRECTIV	Cirrho	sis of	liver			DETTY	LIT ONOL! AND DEAN
		OR CONDITION ADING TO DE								
(			e of dying, e.g.,	(A) IMMEDIATE	AS A CONSEQU	IENCE OF.				
1	heart failure, as		eons the diseose,	<i>D</i> 0. 10, 0.	AS A CONSEQU	DENCE OF:				
	injory or compil	conon which co	osed decin.)							
	ANTE	CEDENT CAU	SES	(8)						
			IF ANY, GIVING	DUE TO, OR	AS A CONSEC	UENCE OF:				
1		CONDITION	(A) STATING THI LAST.							
Z				(C)						
CERTIFICATION	OTHER SIGNAL	II	ONE CONTRIBE	ITING						
0	TO THE DEATH	8UT NOT RELA	ONS <b>CONTRIBU</b> ATED TO THE TERM	AINAL						
= -			N IN PART 1 (A							
20A	A. DATE OF O	PERATION 20	B. CONDITION	FOR WHICH OPERATION W	AS PERFORM	ED			_	
0 2									21. AUTOF	SY? (Yes or No)
100									21. AUTOF	
100	P1/1 P1/1 41	L CAUSE WAS		22B. PLACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID (	f in Boltimor	e City, give exoc	ye	
100	NDERLYING	OR CONTRIB		22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	, in or obout 2: ce bldg., etc.)	2C. WHERE DID (i	f in Boltimor	e City, give exoc	ye	
EDICAL TO OT	NDERLYING	OR CONTRIB		home, form, foctory, street, office	ce bidg., etc.) IN	NJURY OCCUR?			ye	
WEDICAL UN 22D UT 22D OF	NDERLYING CAUS	OR CONTRIB		home, form, foctory, street, officery) 22E. INJURY OCCURRED	ce bidg., etc.) IN	2C. WHERE DID (I NJURY OCCUR?			ye	
WEDICAL AN DICAL AN DICAL AN OF (AF	NDERLYING CAUS TIME (MG INJURY PPROX.)	OR CONTRIB		ur) 22E. INJURY OCCURRED WHILE AT NO	ce bidg., etc.) IN	NJURY OCCUR?			ye	
WEDICAL UN UT 22D OF	NDERLYING CAUS	OR CONTRIB E OF DEATH. onth) (Doy)	(Yeor) (Hoo	home, form, foctory, street, officially of the control of the cont	T WHILE OVERK	PF. HOW DID INJ	URY OCCL	IR?	yet location)	
WEDICAL AN DICAL AN DICAL AN OF (AF	NDERLYING CAUS	OR CONTRIB	(Yeor) (Ho	home, form, foctory, street, officially of the control of the cont	T WHILE	NJURY OCCUR?	URY OCCL	IR?	yet location)	
WEDICAL AN DICAL AN DICAL AN OF (AF	NDERLYING CAUS TING CAUS D. TIME (Mo	OR CONTRIBE OF DEATH. Onth) (Doy)	(Yeor) (Ho	home, form, foctory, street, officer, officer, while AT NO AT NO Inspection At No.	T WHILE 2:	ond that on th	URY OCCU	IR?	yet location)	
WEDICAL AN DICAL AN DICAL AN OF (AF	NDERLYING CAUS TING CAUS D. TIME (Mo	OR CONTRIBE OF DEATH. Onth) (Doy)	(Yeor) (Ho	home, form, foctory, street, officer, o	T WHILE 2:  T WHORK WORK WORK WORK WHODSY XX	ond that on th	URY OCCU	IR?	yet location)	es
WEDICAL AN DICAL AN DICAL AN OF (AF	NDERLYING CAUS TIME (Mo FINJURY PPROX.)  I certify resulted	OR CONTRIBE OF DEATH. Onth) (Doy)  that I held I from: Nature	(Yeor) (Ho	home, form, foctory, street, officer, o	T WHILE 22  T WHILE 4  WORK Hoosy XX  de Ho	ond that on the micide L	URY OCCU is bosis, Indetermin	deoth in my	yet location)	DATE SIGNED
WEDICAL AN DICAL AN DICAL AN OF (AF	NDERLYING CAUS TIME (Mo FINJURY PPROX.)  I certify resulted  ACTUAL SIGNATURI	on CONTRIBE OF DEATH.  onth) (Doy)  that I held I from: Natur	(Yeor) (Hor	home, form, foctory, street, officery, street, o	T WHILE 22  T WHILE 4  ASSIS	ond that on the micide LCHIEF MEDICAL E)	is bosis, Indetermin	deoth in my	yet location)	es
WEDICAL AN DICAL AN DICAL AN OF (AF	NDERLYING CAUSTING CA	onth) (Doy)  that I held I from: Nature  Per	(Yeor) (Hor	home, form, foctory, street, officer, o	T WHILE 22  T WHILE 4  ASSIS	ond that on the micide L	is bosis, Indetermin	deoth in my	yet location)	DATE SIGNED
22A UN 22E OF (AF 23.	NDERLYING CAUSTING CA	onth) (Doy)  that I held I from: Nature  F Peter  (e)	on Inquiry ol couses E	home, form, foctory, street, officery, street, o	TWHILE 22  IT WHILE 12  ASSIS  ASSO	ond that on the micide LCHIEF MEDICAL EXTENSION MEDICAL EXTENSION MEDICAL EXCITATE MEDICAL EXTENSION MEDICAL EX	is bosis, Indetermin (AMINER (AMINER	deoth in my med monner	perinion	DATE SIGNED /23/72
22AA. BI	NDERLYING CAUSTING CA	on CONTRIBE OF DEATH.  onth) (Doy)  that I held I from: Nature  S Pete e)  TION, 248.	on Inquiry ool couses E	home, form, foctory, street, officery, street, o	T WHILE 22  I WHILE AND ASSIS  O ASSO  OF CREMATO	ond that on the micide UCHIEF MEDICAL EXTENSION MEDICAL EXECUTED LATER MEDICAL EXECUTED LAT	URY OCCU is bosis, Indetermin (AMINER (AMINER	deoth in my ned monner	perilon  ppinion  a, or county)	DATE SIGNED /23/72
22A UN 22E OF (AF 23.	NDERLYING CAUSTING CA	on CONTRIBE OF DEATH.  onth) (Doy)  that I held I from: Nature  S Pete e)  TION, 248.	on Inquiry ol couses E	home, form, foctory, street, officery, street, o	T WHILE 22  I WHILE ASSIS  O. ASSIS  Or CREMATO  COMMENTS  COMMENT	ond that on the micide UCHIEF MEDICAL EXTENSION MEDICAL EXECUTE MEDICAL EXECUT	URY OCCU	deoth in my med monner (City, town	opinion  opinion  a, or county)  land	DATE SIGNED /23/72
22A UI V 22D OF (Af 23.	NDERLYING CAUSTING CA	on CONTRIBE OF DEATH.  onth) (Doy)  that I held I from: Nature  S Pete e)  TION, 248.	on Inquiry ol couses Exer Lipkov DATE 26-72	home, form, foctory, street, officery, street, o	T WHILE 22  I WHILE ASSIS  O. ASSIS  Or CREMATO  COMMENTS  COMMENT	ond that on the micide UCHIEF MEDICAL EXTENSION MEDICAL EXECUTED LATER MEDICAL EXECUTED LAT	URY OCCU	deoth in my med monner (City, town	opinion  opinion  a, or county)  land	DATE SIGNED /23/72
22A UI V 22D OF (Af 23.	NDERLYING CAUSTING CA	on CONTRIBE OF DEATH.  onth) (Doy)  that I held I from: Nature  For Peter  TION, 248.	on Inquiry ol couses Exer Lipkov DATE 26-72	home, form, foctory, street, officery, street, o	T WHILE 22  ASSIST  OF CREMATO  CONTRACT  ASSIST  ASSO  OF CREMATO  CONTRACT  ASSIST  ASSO  OF CREMATO  CONTRACT  CO	ond that on the micide LCHIEF MEDICAL E) CTANT MEDICAL E) CTATE MEDICAL E) RY 24D. L Ba. CUNERAL DIRECTO	is bosis, Indetermin (AMINER (AMINER OCATION 1 timor	deoth in my med monner [	opinion  opinion  a, or county)  land	DATE SIGNED /23/72
224A. BIREMO Bur 25A. D	NDERLYING CAUSTING CA	on CONTRIBE OF DEATH.  onth) (Doy)  that I held I from: Nature  For Peter  TION, 248.	on Inquiry ol couses Exer Lipkov DATE 26-72	home, form, foctory, street, officery, street, o	T WHILE 22  ASSIST  OF CREMATO  CONTRACT  ASSIST  ASSO  OF CREMATO  CONTRACT  ASSIST  ASSO  OF CREMATO  CONTRACT  CO	ond that on the micide UCHIEF MEDICAL EXTENSION MEDICAL EXECUTE MEDICAL EXECUT	is bosis, Indetermin (AMINER (AMINER OCATION 1 timor	deoth in my med monner [	opinion  opinion  a, or county)  land	DATE SIGNED /23/72

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Halatmore, Marriand. U.S.A. Heary Trivor

yes sursum -- 10-50 to 219-18-8075 Mrs. Fredh Driver 1611 f. Serth Ave. 11

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Charles Company Compan

## FUNERAL DIRECTOR: IMPORTANT

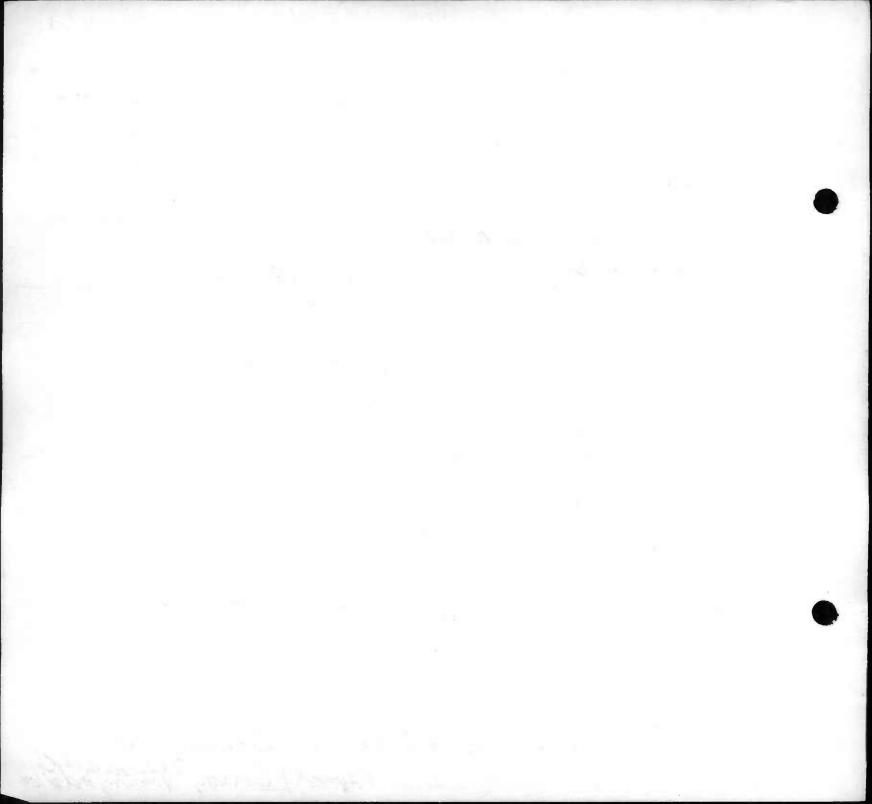
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		Y HEALTH DEPARTMENT	***	
BIRTH NO. 2121262572 08	8089 CERTIFICA	TE OF DEATH	3. NO. 72 08089	
I WAWE OF DECEASED	,000 0=	2. DATE AND HOUR O	STATE OF MARYLAND-DHMH	
(Type or Pant) BABY GIRL	THOMPSON	8/19/72	119	
3. PLACE IN BALTIMORE MARYLAND, WHERE PI		4. USUAL RESIDENCE IWHere deceased A. STATE B. COUNTY	lived. If institution: residence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR I	NOTITUTION CIVE STREET	MARYLAND	7505	
FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR I ADDRESS OR LOCATION)	TOTAL STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?	
HERCY HOSPITAL		BALTIMORE	YES NO	
37		E. STREET AND NUMBER		
5. SEX   6. RACE   17. ALAR		13911 PASCAL AV		
MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE Un lost birthday	years If Under 1 Yr. Il Under 24 Hrs. Months; Doys Hours; Min.	
10A USUAL O CCUPATION (Give kind of work 10B, KIN	WED DIVORCED DIVORCED	8 19 /72 11. BIRTHPLACE (State or lateign country)	12 39	
done during most of working life, even if retired)	D OI BOSINESS ON INDUSTRI		12. CITIZEN OF WHAT COUNTRY?	
INFANT		BALTIMORE MO.	W. S.	
ELMER THOMPSON		JERRI LYNN	NAG1	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (if yes, give war or dotes of sen	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
No		J.A. SANTOS MD.	HERCY HOSPITAL	
18. 776.91	CAUSE OF DEAT		APPROXIMATE INTERVAL	
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH	
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE HYPOXIA HYPER	CARBIA 2 HRS.	
(This does not mean the mode of dying, heart failure, osthenia, etc. It means the distingury or complication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	(8)	S A CONSEQUENCE OF: 12 HRS.		
DISEASES OR CONDITIONS, if any, gi	iving DUE 10, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(C)		Necessary	
2 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERM!	ING NAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	[20A-AUTOPSY? (Yes or No)] 20B, IF YE	ES, WERE FINDINGS CONSIDERED	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 17P. CONDITION WAS PERFORMED			TING CAUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g.,	n or obout 21C, WHERE DID (If	In Boltimore City, give exact location)	
DEATH (notify medical examine)	home, farm, foctory, street, o	fice bidg. INJURY OCCUR?		
DEATH (notify medical examinet)  21D.TIME (Month) (Day) (Year) (Hour)  OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUI	87	
S (APPROX.)	While At - Not While	e [ ]	·	
22. I certify that (i) (this hospital) attend	Work At Work	1	alla la place	
	-1.01-	10		
that (i) (we) last saw the deceased alive		,	(aur) opinion deoth accurred on the dote	
and hour and from the causes stated above	re. (1) (We) (did) (did not) v	lew the bady after death.		
23A73IGNATURE	2 A A	nding Med. Stoff	238, DATE SIGNED	
Journ C. Janes	IK. N DEGREE Phy	Director Phys.	8/20/72	
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	DEGREE	ANATOMY B	UARD OF MARYLAND	
24A. BURIAL CREMATION 24B. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (Stote)	
CITY DISPOSAL 8/22/72	Analome	J. UNIVERSITY	MEDICAL SCHOOL	
PSA ATE-REC'D SY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS	
AUG24 1977 - 1.00 / 9	MARINE OF	of a por Ala		
V\$ 150-REV. 1/1/68	UNIV			

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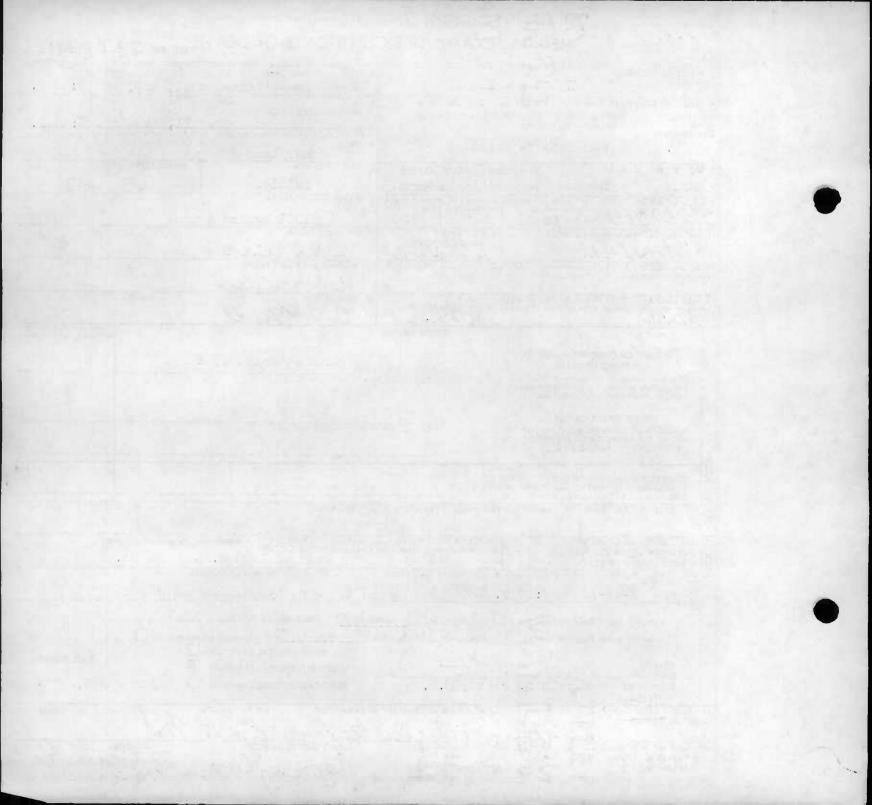
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	1 00/			BALTIMORE CITY	HEALTH DEPARTMENT		22 00000
BI	RTH NO.	72 0	8090	CERTIFICA	TE OF DEATH	REG. NO.	72 08090 MARYLAND=DHMH
11.	NAME OF DECE	ASED			2 DATE	AND HOUR OF DEATH	WYRITIAND=DUMF
ll <sub>(1)</sub>	ype or Print)	HA CHANG	156			3/11/72	255
3.		IMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (W	here deceased lived, if ins	sitution: residence before odmission)
]] H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTI	ON. GIVE STREET	C. CITY OR TOWN	BALTIMO	DE CITY LIMITS?
ľ	UNIVER	SITY HOS	PITAL		BALTIMOR		YES NO
	38				E. STREET AND NUMBER	SHINGTON	BUND 210
5.	SEX I	6. RACE	7. MADDIED V	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
	M	W	WIDOWED	DIVORCED	12/17/05	last birthdoys	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		PATION (Give kind of work	108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
0.01	U NTO	orking life, even if refired)	UNRO	BUN	PENNA		U.S.
13.	FATHER'S NAM	-			14. MOTHER'S MAIDEN N	AME	<u> </u>
	- / - / -	NOWN			ONKIR 17. INFORMANT UNKNOW	lour	
15, (Ye	s, no or unknown)	ver in U.S. Armed Fore	s of service)	SECURITY NO.	17. INFORMANT	a l	ADDRESS
		_		217-05-5844	INKNOW		
	18. 5 / 9	OR CONDITION DIR	Fort v	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	L	EADING TO DEATH	ECILY		DECTION-	· Ca Car	E / week
	(This does not	mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE CESTIRAT	ory MILUR	G / WEETC
	heart faiture, asthenia, etc. It means the disease, injury or complication which caused death.)						
	Al	NTECEDENT CAUSES		. COP	D		22 YPAVS
	DISEASES OR	CONDITIONS, if	iny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	*****************************	
	rise to the	above cause IA) CONDITION last	slaling the	(c)			
		11					
NO.	OTHER SIGNIFIC	ANT CONDITIONS CON	TRIBUTING	~			
¥	DISEASE OR CO	BUT NOT RELATED TO THE	1 (A).	****************			
CERTIFICATION	19A-DATE OF C	PERATION 198. CONE	ORMED	ICH OPERATION	20A. AUTOPSY? (Yes of I	No. 208. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CAL CE	21A. ACCIDENT OR CONTRIBUTE DEATH Inotify IN	WAS UNDERLYING ING CAUSE OF	21 B. PL. home, elc.)	ACE OF INJURY (e.g., in form, foctory, street, off	or obout 21C. WHERE DID	(If In Boltimore	City, give exoct locotion)
MEDI	OF INJURY	Month) (Doy) (Year)		JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	IAPPROX.)		While	At Work			
->	22. I certify th	nat (1) (this hospital)	attended the	deceased from	720	19 10	1972
	that (I) (we) I	ost saw the deceosed	alive on	811			on death occurred on the date
	ond hour ond		ed above. (1)	(did) (did not) vi	ew the body ofter death		
	Walt	1. Handre		Atten	ding Med.		SUI 2
	23C. PHYSICIAN' NAME (Typ	's		DEGREE Phys.	Director L	Shaff Phys.	0111 72
	0	ALT WHITM	100		UNIVERSITY	HASP BA	7 = 1/49 7
244	REMOVAL TO	ATION, 248. DATE		E OF CEMETERY OF CREE		The second secon	CTIMD 21153
	KENIOV AE TOPI	822.77	2 2109	n anatom	Board .	Belinus.	me
25/	DATE REC'D B	Y HEALTH DEPT.	258 NAME DE	REGISTRAR	252 FUNERAL DISEATO	2/	175 ADDESSAL
	AUG24 10	112 Dudne	ymhon	NAM	1 Cayman 1	Surran, 6	ousmiled 21214
VS	150-REV. 1/1/68	7			0 ()	1-4	



STATE OF MARYLAND-DHMH

C F3 X	- 0	CITY HEALTH						
MEDIC	AL EXAMIN	ER'S CERT	IFICATE O	DEATH	REG. NO.	72 0	1003	1
BIRTH NO.		No. 5					0001	-
1. NAME OF DECEASED (Type or Print)	SMITH	2. D	)E	Month	Doy	Yeor	Hour	D
WIDHIE		DE	ATH Estimated L				6:48	P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHER		11 00	ONOUNCED DEAD	Month	Day	Year	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION OR INSTITUTION	R INSTITUTION, GIVE STRE ()	ET	OHOUNCED DEAD	August	11. 19	972	6:48	P. M.
		5. US	UAL RESIDENCE (Whe	re deceased live	d. If Institution	n: residence b	efore odmis	ion)
Bon Secours	Hospital	A. ST	Maryla:		COUNTY	/	00	-de
6. SEX   7. RACE   B. A	AARDIED T SIEVED MA	C. CI	Y OR TOWN		D. INSIDE C	ITY LIMITS?	Total Control	
	AARRIED   NEVER MA	KKIED [	Baltim					
		ORCED L	REET AND NUMBER	ore	Y	ES 1	NO []	
9. DATE OF BIRTH 10. AGE (in year lost birthday)	Months Days Ha		KEET AND NUMBER					
O NOROLUN 60				arlmm Av	enue			
11. BIRTHPLACE (State or foreign sountry)	12. CITIZEN OF		THER'S NAME	100				
UNKNOWN	WHATSOUNT	W IN	UNKRE	WN				
14A.USUAL OCCUPATION (Give kind al work) 14B.	KIND OF BUSINESS OR	INDUSTRY 15. A	OTHER'S MAIDEN N	AME /				
done during most of working life, even if retired)			UNKNO	CIN				
16. WAS DECEASED EVER IN U.S. ARMED FO	RCES? 117. SOCIAL	18. 11	FORMANT	COTT	A	DDRESS		
Yes, ng ar unknawn (If yes, give war ar dates of se	ervice) SECURIT	YNO.	NKAM	. 11				
NKNELLIU		DUN	O TO HOPE	UN		A 04	PROXIMATE IN	TERVAL
19. = 9 4 5 T X	CAUS	SE OF DEATH					EEN ONSET A	
DISEASE OR CONDITION DIRECTLY								
LEADING TO DEATH		MMEDIATE CAUSE	Gunshot wo	und of c	hest			
(This does not mean the made of dying, heart failure, asthenia, etc. it means the dise injury or complication which caused death.)	e.g., D	UE TO, OR AS A CO	ONSEQUENCE OF:					
Injury or complication which coused death.)	use,							
ANTECEDENT CAUSES	(B)	HE TO OP AS A C	ONSEQUENCE OF:					
DISEASES OR CONDITIONS, IF ANY, GI'	THE	00,00000	onsequence on					
UNDERLYING CONDITION LAST.	(c)_							
OTHER SIGNIFICANT CONDITIONS CONTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART  20A. DATE OF OPERATION 20B. CONDITION								
OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING							
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART								
20A. DATE OF OPERATION 20B. CONDIT	TON FOR WHICH OPER	RATION WAS PER	FORMED			21. AUTO	PSY? (Yes o	r No)
02						Υe	es	
Z 22A. EXTERNAL CAUSE WAS	228, PLACE OF IN	LIURY (e.a., in or o	bout 22C. WHERE DIE	Off in Baltimare	City, give ex	act location)	1.1	4.5
22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year)	home, farm, loctory,	street, office bldg.	rear of l	,		•	11/2	5.4
UTING CAUSE OF DEATH.		lebo				DL.	1 6-1	2 1
OE INTITION	(Hour) 22E.INJURY O	CCUKKED.	22F. HOW DID	NJURT OCCU	Kr			
(APPROX.) 8-11-72 6:30	P m. WHILE AT WORK	NOT WHILE AT WORK	X Shot by	unknown	assail	ant		
23.								
I certify that I held on Inqu	iry Inspection	Autopsy	and that on	this basis, d	leath in my	opinion		
resulted from: Natural couses	Accident	Sulcide .	Homicide X	Undetermin	ed manner			
	.00		CHIEF MEDICA	EXAMINER [				
ACTUAL M/	1 Host		ASSISTANT MEDICA	L EXAMINER	X		DATE SIGI	AED
SIGNATURE MANUEL C	Platt, M.D.	M.D.	ASSOCIATE MEDICA		¬ ^,	ugust 1	2 10	72
EXAMINER'S MARVIN S.	, Flatt, M.D.		ASSOCIATE MEDICA	L EXAMINER L		ugust 1	2, 17	1 4
24A. BURIAL CREMATION 24B. DATE	24C NAME of	CEMETERY or CR	EMATORY 124	LOCATION	(City, tow	of county)	(Sto	te)
REMOVAL (Specify)	11-0	1 ch	RI	16 10	1/2		(510	
87117	- Uaf/11	(englo	my Bayx 0	Call	ING			
25A. DATE REC'D BY HEALTH DEPTY 2	SE. NAME OF REGISTR	AR	250 UNERAL DIRE	TYPR 7		ADDRESS	10	110
AUG24 1972 Xx luce	Whiton	1	To men de	1/ JINN	8%	100	NON	1
		X)	Vag 116 res	cu via	V VA	ween	4m	*
VS 151-REV. 1/1/68		4	0 (4)		0,	-	//	

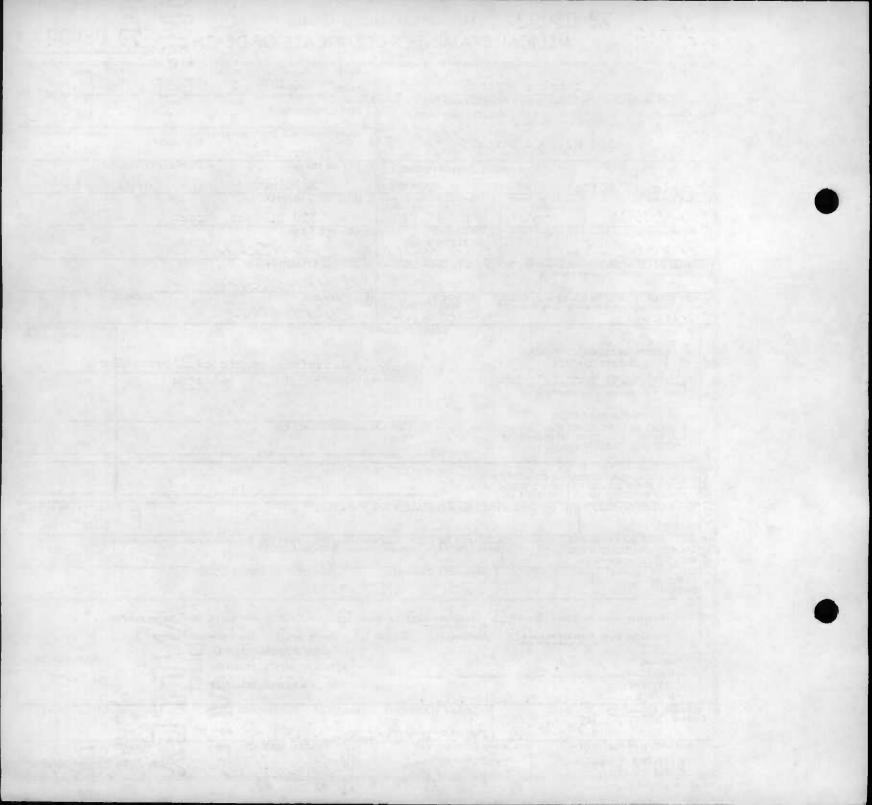


FUNERAL DIRECTOR

25A. DATE REC'D BY HEALTH DEPT.

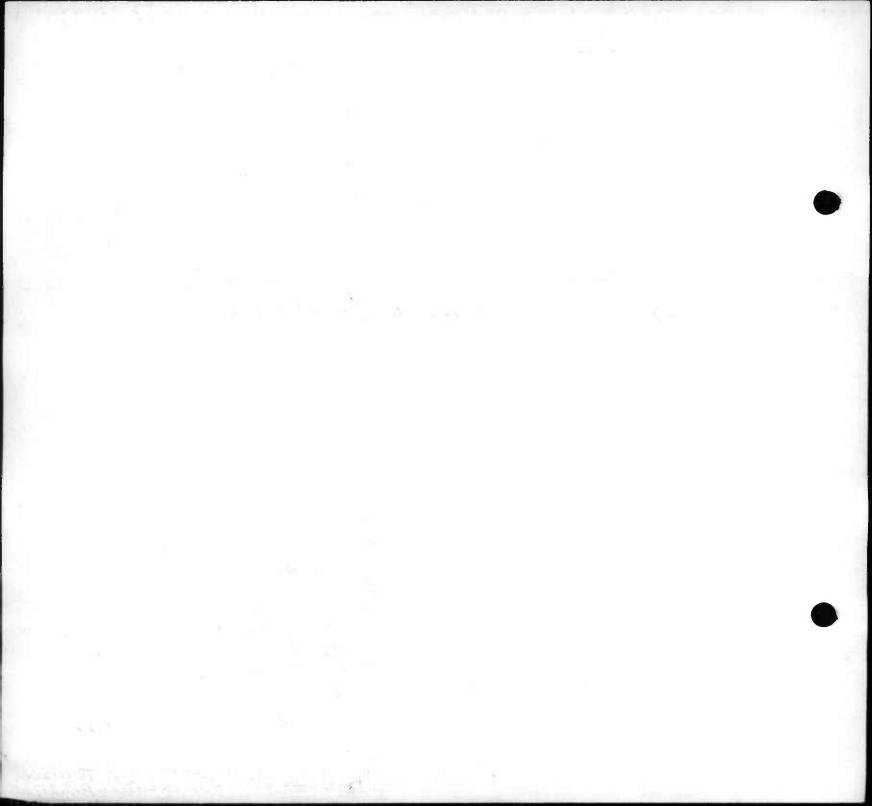
VS 151-REV. 1/1/68

258. NAME OF REGISTRAR

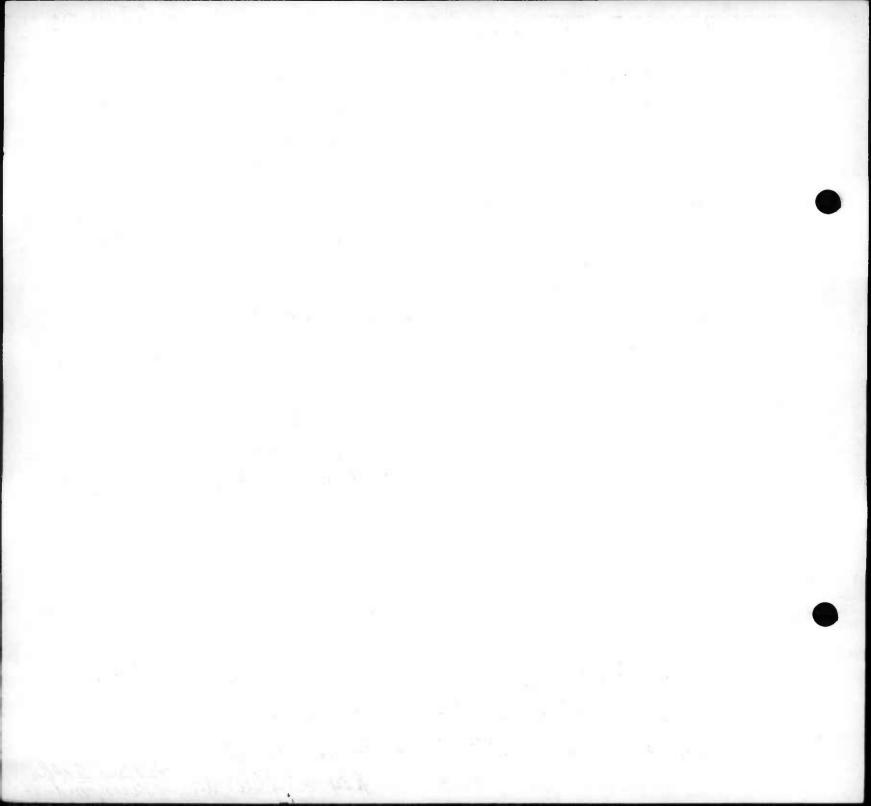


VS 150-REV. 1/1/68

	100	BALTIMORE CITY	HEALTH DEPARTMENT	72 08093		
	1)-120 HRTH NO. 72- INJUZ 081	093 CERTIFICA	TE OF DEATH REG. NO.			
11	NAME OF DECEASED		2. DATE AND HOUR OF DEA	TE OF MARYLAND DHMH		
IL	Type or Print DAVIS B	ABY BUT	7/23 /72 - /	:25 am 1		
	3. PLACE IN BALTIMORE, MARYLAND, WH	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whore deceased lived.	If institution: residence before admission)		
	FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATING IN HOSPITAL OR ADDRESS OR LOCA	L OR INSTITUTION, GIVE STREET TION)	C. CITY OR TOWN	INSIDE CITY LIMITS?		
H	O YTI BASUIUU	F MARYLAND	BALTIMORE	YES NO []		
1	HOSPITAL		E. STREET AND NUMBER			
			1 512 N. GILM	ore ot.		
5	SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years lost birthdoy)	Months: Doys House Mine		
1		WIDOWED DIVORCED	7112172	1		
0	OA. USUAL OCCUPATION (Give kind of work) one during most of working life, even if refired)	OR KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	INCONT		WD	NDA		
11,	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	UNKOUN		CHERYL -	Sovis		
100	5. Was Deceased Ever in U. S. Armed Force (as, no or unknown) (If yes, give wor or dotes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
1	Moul	UNRNOWN	UNIU. HOSP.			
I	18. 776.91	CAUSE OF DEATH	1	APPROXIMATE INTERVAL		
1	DISEASE OR CONDITION DIRE-	CTLY		BETWEEN ONSET AND DEATH		
	(This does not meen the mode of d	dving (A) IMMEDIATE CAU		4cmst		
	hoost foilure, asthenia, etc. it means the injury or complication which caused d	he disease.	A CONSEQUENCE OF:			
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if an	(B) Y 2	EMATURITY A CONSEQUENCE OF:			
	rise to the obove couse (A) s	stoting the	A CONSEQUENCE OF:			
-	UNDERLYING CONDITION lost.	(C)	***************************************			
;	OTHER SIGNIFICANT CONDITIONS CONT	TOIDLITING				
	TO THE DEATH BUT NOT RELATED TO THE	TERMINAL	*****************************			
	DISEASE OR CONDITION GIVEN IN PART 1	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
	WAS PERFO	PRMED	IN CERTIFYING	CAUSES OF DEATH?		
100	Co contratation of	21B. PLACE OF INJURY (e.g., in home, form, foctory, steet, off etc.)	ice bldg. INJURY OCCUR?	more City, give exect location)		
	21D. TIME (Month! (Doy) (Year)					
	OF INJURY	(Hour) 21E INJURY OCCURRED White At Not White	21F. HOW DID INJURY OCCUR?			
	(APPROX)	Work L At Work	· [-]	ì		
	22. I certify that (1) (this hospital)		1219 1972 to	7/2/2 1972		
	that (1) (we) lost sow the deceased olive on 1972 and that in (my) our opinion death occurred on the date					
Ш	and hour and from the causes stated	d above. (1) (We) (did) (did not) vi	ew the body ofter deoth.			
	23A, SIGNATURE	000		23B, DATE SIGNED		
	Edward (es	DEGREE Phys.	ding Med. Staff Phys.	-1-122172		
II.	23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS			
IL	ED CUARD H. C	AHILLES WODEGREE	1723 ANTATOHOU COM	DBOG TI MO		
2	A BURIAL CREMATION 248, DATE	24C. NAME of CEMETERY OF CRE		(City Lowe of control V (Stote V		
IL	8/22/7	2 Systamy	30 UNIVERSITY A	FDICAL COMPA		
2	ALLO A 1070	SE-HAME OF REGISTRAL	25C. FUNERAL DIRECTOR	ADDRESS		
	TATTLE Z. /I TATE TO THE CONTROL OF	UNIVIUM TO A	Bu Mun al-	TOWNS IN TOWN		

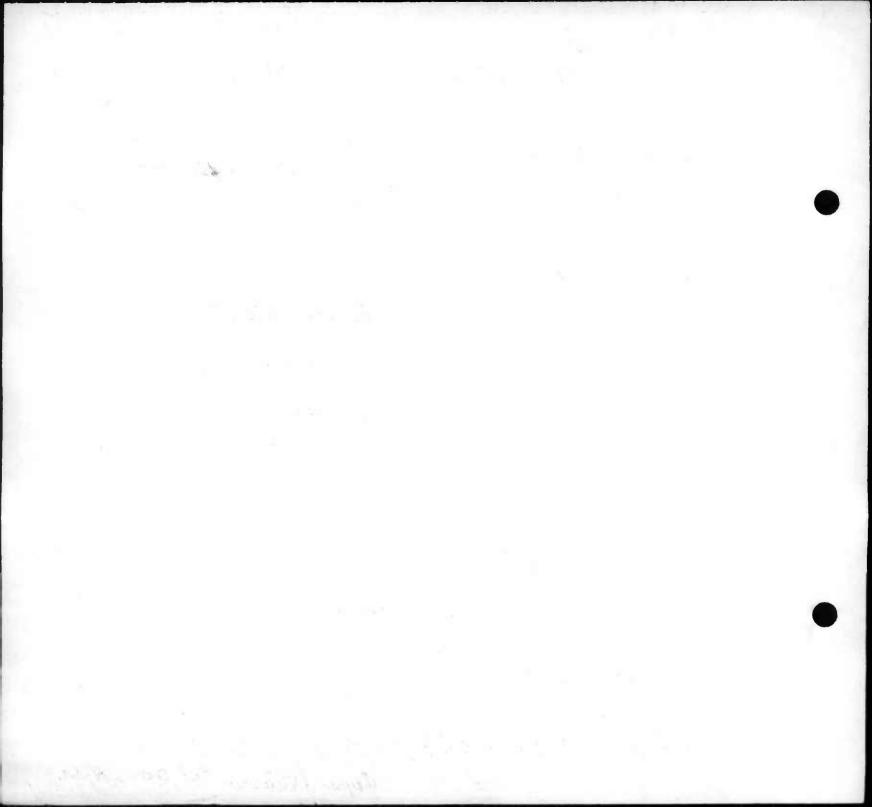


	11)-300 72	HAHAH	HEALTH DEPARTMENT		72 08094	
В	IRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.		
	NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	F MARYLAND-DHMH	
13	Wood, Floyd  PLACE IN BALTIMORE, MARYLAND, WE  UNIVEYS; Ty of Mary  FULL NAME OF IF NOT IN HOSPITA  HOSPITAL OR ADDRESS OR LOCATION  NSTITUTION	LORINSTITUTION GVE STREET	C. CITY OR TOWN Baltimore	re deceosed lived. II in	7 7: 00 A M. stitution: residence before admission)  DE CITY LIMITS?  YES NO	
	38		E. STREET AND NUMBER 548 Rober	t S+		
	M Negro	MARRIED NEVER MARRIED DIVORCED DIVORCED	9/6/99	9. AGE IIn years lost birthdoy	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
de de	DA. USUAL OCCUPATION (Give kind of work) one during most of working life, even if refired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
	Jamming, crabbing, ele.		Vinginia		USA	
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE		
	Pollock Wood		Anna Johns	36.0		
15	. Was Deceased Ever in U. S. Armed Force es, no or unknown) Ilf yes, give wor or dates	of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT		ADDRESS	
14	INROUN	UNKOUN	UNIV-1405	P		
	DISEASE OR CONDITION DIRE	W. 1501475 @ 411	0 1 1 1	ilm. Emboli	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  4-5 LOCAL S	
	(This does not mean the made of a head failure, asthenia, etc. It means it injury or complication which caused d	lying, e.g., he disease. DUE TO, OR AS	A CONSEQUENCE OF:			
	DISEASES OR CONDITIONS, if an rise to the above cause (A) sunDERLYING CONDITION tost.	ly, giving DUE TO, OR AS Idling the	A CONSEQUENCE OF:		303400004	
ATION	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART TO	TERMINAL 167272 1600	- Pleural	Efferein	1 year	
CERTIFICATI	19A. DATE OF OPERATION 19B. CONDI	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES WERE FI	NDINGS CONSIDERED SES OF DEATH?	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., in home, larm, factory, street, off etc.)	or obout 21C, WHERE DID	(If In Boltimore	City, give exoct location)	
MED	21D. TIME   IMonth! (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While At   Not While   At Work   At					
	22. I certify that (I) (this hospital) attended the deceased from					
	that (1) (we) last saw the deceased alive an 15 19 72 and that in (my) (aur) apinion death occurred on the date					
	and hour and from the causes stated above. (1) (We) (did not) view the body after death.					
	23A. SIGN AT URE  Attending Med. Stoff 23B. DATE SIGNED  23B. DATE SIGNED  Phys. Director Phys.					
L	MARX H. KASOW	MD DEGREE	JNIVERSITY	Hasp ITAL		
24.	A BURIAL OREMATION 248, DATE	24C. NAME OF CEMETERY OF CRAFT	ALAM 24D. CO		town, or county)	
25	TILO O A AGENTA	SB. NAME OF REGISTRAR	250 FUNERAL DIRECTO	Jan 18	817 SandAHO	
VS	150-REV. 1/1/68		& chusky ?	urran	Journ And	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	R-236 BIRTH NO. 72-12 919 72 08095  CERTIFICATE OF DEATH  BALTIMORE CITY HEALTH DEPARTMENT - 11-42-38-96 72 08095						
Ві	RTH NO. 72	-12919	080	90 CERTIFICA			
	NAME OF DECE	00: 0	0-		2. DATE	AND HOUR OF DEATH	MARYLAND DHMH
3	PLACE IN BALTI	MORE MARYLAND, W	(2.0)	YSTER	3/1	17/72	18- A M
					11.000	nere deceased lived. If i	institution: residence before admission
FI	JLL NAME OF OSPITAL OR	ADDRESS OR LOCA	AL OR INS	STITUTION, GIVE STREET	BACTIMOREC	ITY MARY	-AND 2864
P	ISTITUTION				C. CITY OR TOWN		SIDE CITY LIMITS?
P	Universi	MY OF MARYE	AND :	HOSPITAL	BALTIMERE E. STREET AND NUMBER		YES 🔀 NO 🗌
	University	) . //////		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		O Adelle Te	rrace
5.	SEX	RACE	7- MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 His.
	M	B	WIDOW	ED DIVORCED	8/16/72	lost birthday)	Months Doys Hours Min.
do:	A. USUAL OCCUP  ne during most of we	ATION (Give kind of work brking life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	leign country)	12. CITIZEN OF WHAT COUNTRY?
	NONE				MARYLAN	D	154 1
13.	FATHER'S NAM				14. MOTHER'S MAIDEN NA		USA
	1 homa	s Roysta	r		Theresa		
15. (Ye	Was Deceased E	ver in U. S. Armed Fore	es?	1 6. SOCIAL	17. INFORMANT	*	ADDRESS
	No	, , , , , , , , , , , , , , , , , , , ,	01 301110	SECURITY NO.	UNIV. E	LASP.	
	18.	2.0		CAUSE OF DEATH	010101	1030.	APPROXIMATE INTERVAL
	DISEASE	OR CONDITION DIR	ECTLY				BETWEEN ONSET AND DEATH
		EADING TO DEATH	1.1	(A) IMMEDIATE CAU	SE PREMATURI	TY	Immediate
	heatt tailure, as	mean the made of thenia, etc. It means	the disen-	DUE TO, OR AS	CONSEQUENCE OF:		1000000
		icalian which caused	death.l				
				(B) PR111(+)	A CONSEQUENCE OF:		12 hrs
	rise to the	CONDITIONS, if a abave cause (A)	ny, givi slaling l	ha			
	UNDERLYING	CONDITION last		(c) INTER	WAL, POSSIBLY	CNS BREED	INE UNKNOWN
z	OTHER SIGNIES	11	Toloute			*	
ATIO	I IO THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO TH	F TERMINA				
FIC	19A. DATE OF O	PERATION 198 CONE	ITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208, IF YES, WERE	FINDINGS CONSIDERED
CERTIFICATION	0	WAS PERF	DRMED			IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	OR CONTRIBUTI DEATH (notify m	WAS UNDERLYING NO CAUSE OF	l n	18 PLACE OF INJURY (e.g., in ome, form, foctory, street, affi ic.)	or obout 21C. WHERE DID ce bidg., INJURY OCCUR?	(If in Boltimor	e City, give exect locotion)
EDI	21D.TIME (A	Month) (Doy) (Yearl	(Hour) 2	IE INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
×	(APPROX.)			Vhile At Not While			
	22. 1 certify that (1) (this hospital) attended the deceosed fram 8/16/72 19 72 to 8/17 19/2						
	that (I) (we) lo	st saw the deceased	olive on	8/12	7	19 72 to 8	19 / 2
	that (I) (we) lost saw the deceosed olive on 19 2 ond that in (my) (eur) opinion death occurred on the date						
	and haur ond from the causes stoted above. (1) (We) (dld) (dld not) view the bady ofter deoth.						
	S. allar Bock M. Poegree Phys. Attending Med. Director Phys. 8/17/77						
	23C. PHYSICIAN'S	100		DEGREE Phys.	Director L	Phys. 424	0/17/72
	WANTE COPPE	S. ALLAN	Bac			0 1	
24A	BURIAL CREMA	TION 248. DATE	24C.	NAME OF CEMETERY OF CREA		OCATION CON	
19	10ml -	8 2.17.7	791	of mel 7. to	Bal	3 ML	lown, of county) (Stote)
25A	DATE REC'D BY	HEALTH DEPT.	SR NAME	OF REGISTRAR	1250 FUNERAL DIRECTO	sally 1	ADDRESS A
	MG24 19	72 Didne	yh?	worken ?	Report Office	AN 817	Salatille.
VS 1	150-REV. 1/1/68	1	1		my ment you	1 Per	Jos my 21704



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Ged ha	BIRTH
as dis	1, NAA
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pproved by the chief medical examiner or his assistant if deoth occurred in o hospitol and o the hospital by a medical exominer. Also, if the direct or contributing couse of deoth ony nature; (2) Body burns; (3) A frocture of any kind; (4) Undetermined couse; (5) Deceased (except where the physicion who pronounced death wos in regular attendonce on the stand (6) No physicion wos in regulor ottendance on the deceosed prior to death. Such e obtoined before the remoins ore embolmed or final disposition is mode.	BIRTH  1, NAM (Type
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opproved by the chief medical examiner or his assistant if deoth occurred to the hospital by a medical exominer. Also, if the direct or contributing only nature; (2) Body burns; (3) A frocture of any kind; (4) Undetermined (1) (except where the physicion who pronounced death wos in regular (1); and (6) No physicion wos in regular oftendance on the deceosed proceed obtoined before the remoins ore embolmed or final disposition is mode.	13. FA
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular of tendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	24A. B
S: (	24A. B
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	BALTIMORE CITY	HEALTH DEPARTMENT	0.000
W-252 72 081	096 CERTIFICA	TE OF DEATH	5. NO. 72 08096
BIRTH NO.  1. NAME OF DECEASED (Type or Print)  NICHOLA		2. DATE AND HOUR O	DEATH OF MARVIAND DHAM
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (Where deceased	lived. If institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUNTY Maryland	602
INSTITUTION ADDRESS OF LOCATION		Baltimore	D. INSIDE CITY LIMITS?
117 N. Lakewood Av	zenue.	E. STREET AND NUMBER	YES NO NO
TI II. DERBUOOL A	- ettra	117 N. Lakewood	Avenue
	RRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In lost birthdox	
10A. USUAL OCCUPATION (Give kind of work 10B. KII			12. CITIZEN OF WHAT COUNTE
done during most of working life, even if retired)  Retired		Ukrain	U.S.A.
13. FATHER'S NAME Heat Woznyj		14. MOTHER'S MAIDEN NAME  Katherine	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	215-30-2496	Mrs Nadia Woznyj 1	17 N. Lakewood Ave.
18. / / 2) /	CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY		4/////	1 1 141
LEADING TO DEATH (This does not mean the mode of dying,	(A)IMMEDIATE CAL		2192
heart failure, asthenia, etc. It means the dis	sease,	A CONSEQUENCE OF!	
injury at camplication which caused death.)  ANTECEDENT CAUSES		a of left lu	ing / yr
DISEASES OR CONDITIONS, if any	Giving DUE TO, OR AS	A CONSEQUENCE OF:	J
rise to the above cause (A) stating	lhe .		
UNDERLYING CONDITION last.	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM OF DISEASE OR CONDITION GIVEN IN PART 1 (A).	TING arten	osclerote heart	disease 2 yrs
DISEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		NO 20A. AUTOPSY? (Yes or 70) 20B. IF YI	WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)		In Boltimore City, give exact location)
OF IN ILLOY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCU	R?
OF INJURY (APPROX.)	While At Work Not Whi		
22. I certify that (!) (this hospital) otter		11/4 1970 10	8/23 1972
that (1) (we) last saw the deceased of ive	7/2		(of) apinian death accurred on the do
ond hour and from the couses stoted obc			yer, aprillar account account of an initial
23A. SIGNATURE	4460		23B PATE SIGNED
Samuel Morres	on, MA Ath	ending Med. Staff Phys.	8/24/72
23C. PHYSICIAN'S NAME (Type)	PRISON/	23D. ADDRESS 11 F Chang St	Belto Md 21202
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (Stote)
Burial 8-26-1972	St. Michael Ukr	enien Baltimore	County, Maryland
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	with the story	Lilly & Zeiler Inc.	. 1901-07 Eastern Ave.
VS 150-REV. 1/1/68	1	1 0	

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March 9, 1902 '71.

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## IMPORTANT FUNERAL DIRECTOR:

was D.O.A. of a hospital (except where the physician who pronounced deoth was in regulor attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to deoth. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his ossistont if deoth occurred in o hospital ond the body was released to the hospital by o medical examiner. Also, if the direct or contributing couse of death shows: (1) An accident of any noture; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

142			HEALTH DEPARTMENT	72 08097		
W-	-305 72 08	CERTIFICA	TE OF DEATH REG. NO.	TE OF MARYLAND-DHAN		
1.NAME (Type or	of DECEASED Print WHITE, Marie	MARIE C. WHI				
	E IN BALTIMORE MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (A here deceased lived. A, STATE B, COUNTY	If institution: residence before admission)		
FULL N. HOSPITA	AL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland.	INSIDE CITY LIMITS?		
I ha		0 11-6	Baltimore	YES NO		
	The Union Memorial Hosp. E. STREET AND NUMBER 360 9 Green Mount Ave.					
5. SEX	le White wid	ARRIED NEVER MARRIED  OWED MODERATE DIVORCED	April 10, 1906 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
done duri	AL OCCUPATION (Give kind of work 108, King most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATH	William Lucks	n	14. MOTHER'S MAIDEN NAME EVE. Vey			
15. Was (Yes, no o	Deceased Ever in U. S. Armed Forces? Trunknown) (If yes, give wor or dates of s	ervice) 1 6. SOCIAL SECURITY, NO. 216-05-8019	17. INFORMANT Mrs. Roselin Bosley	ADDRESS		
1B	41091	CAUSE OF DEATE	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTL	Υ	1.C A to 0 = 0 = 10	BETWEEN ONSET AND DEATH		
(Thi	LEADING TO DEATH s does not mean the made of dying	(A) IMMEDIATE CAU	ISE A Cute pul. Odema			
heo	rt foilure, osthenia, etc. It means the d ry or complication which coused death	100000,				
	ANTECEDENT CAUSES	Ac	ute myrcardial pyf	arction		
DISI	EASES OR CONDITIONS, if ony,	giving DUE TO, OR AS	A CONSEQUENCE OF:			
	to the obave couse (A) statin DERLYING CONDITION lost.	ng lhe (C)				
	-11	(0)				
O OTH	ER SIGNIFICANT CONDITIONS CONTRIB					
▼ DISE	THE DEATH BUT NOT RELATED TO THE TERM ASE OR CONDITION GIVEN IN PART 1 (A)					
EN O	DATE OF OPERATION 198. CONDITION WAS PERFORME	ED	No	CAUSES OF DEATH?		
OR DEA	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID (If in Balt	imore City, give exact location)		
S OF I	TIME (Month) (Doy) (Year) (Hou NJURY		21F. HOW DID INJURY OCCUR?			
(APPROX.) While At Work At Work						
22. I certify that (1) (this hospital) attended the deceased from Aug 20 1972 to Aug 20 1972,						
that (1) (we) lost saw the deceased alive on Aug 20 19 7 2 and that In (my) (our) opinion death occurred on the date						
ond hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death.						
23A. SIGNATURE 23B. DATE SIGNED Attending Med. Shaff to 23B. DATE SIGNED						
GEGREE Phys. Director Phys. 1						
23C. PHYSICIAN'S NAME (Type)  HELL UNION HOMOGICAL HOLD P.						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. town, or county) (Stote)						
	MOVAL (Specify) 8-25-1972	Schwartz	Baltimore, I			
-		NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS		
	AUGZ4 1972 TOTAL	July 16 1/2 1/20	Lilly & Zeiler Inc.	1901-07 Eastern Ave.		
VS 150-R	REV. 1/1/6B	1	4 0 3 3			

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Balkimure, Maryland

VeV are

216-05-2019 Hrm. Roselinn Bosley

11)-430	72	UCHA	IMORE CITY HEALT			72 0809	8
BIRTH NO.		CER	TIFICATE C		REG. NO.	OF MARYLANI	D-DHMH
1. NAME OF DE	Robert E. Wal	ters	16.5	Augu	st 21, 197	2 6:	15P
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOUNCED DEA	D 4. USU A. STA	AL RESIDENCE (Who	ere deceosed lived. II	institution; residence	before odmission
FULL NAME OF	F (IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE		aryland		20	05
INSTITUTION	333 South Sma		c. CITY	or IOWN altimore	D. II	VISIDE CITY LIMITS?	
00	Baltimore, Mc			EET AND NUMBER			40 <u> </u>
	•			33 south Sm	allwood St	. Balto. M	d. 21223
s. sex male	caucasion:		ORCED Ju	of BIRTH ne 29, 1901	/ /	if Under 1 Yr. Months Doys	If Under 24 Hrs Hours Min.
done during most of	CUPATION (Give kind of world f working life, even if refired) Lred	Electronics	R INDUSTRY 11. BIRT	HPLACE (State or fore Maryland	ign country)	12. CITIZEN OF	
13. FATHER'S NA	ME	l	14. MO	THER'S MAIDEN NA	ME		
	ge Walters			Nora Maud	le		
15. Was Deceased (Yes, no of unknown NO	d Ever in U. S. Armed For n) (If yes, give war ar dote	s of service) 1 6. SOCIAL SECURIT 233-03-	Y NO.	- Clara Wal	Tare	. Smallwood	
18. / /	21		OF DEATH		Balto	Md. 21223	MATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY		Lan.	,41	BETWEEN	ONSET AND DEAT
1This does	LEADING TO DEATH		MEDIATE CAUSE	1912 CINOW	is of me	ung m	min
hearl lailure,	, asthenia, etc. II means mplicalian which caused	the disease,	IE TO, OR AS A CONSE	QUENCE OF:		•	
	ANTECEDENT CAUSES		Mocar	durl He	art	217	O M
DISEASES	OR CONDITIONS, II	any, giving (B)	E TO, OR AS A CONS	EQUENCE OF:	treom		
	G CONDITION last.	Slaling the (C)		······································			****************
z	Ш						
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR	HE TERMINAL					
19A. DATE OF	F OPERATION 198. CON	DITION FOR WHICH OPER	ATION 20A.	AUTOPSY? (Yes or No	208. IF YES, WER	E FINDINGS CONSID AUSES OF DEATH?	ERED
U 21A. ACCIDE				1010			
DEATH (notify	NT WAS UNDERLYING UTING CAUSE OF medical examined	hame, farm, focto	NJURY (e.g., in or abou ry, street, affice bldg.	INJURY OCCUR?	(If In Baltim	nore City, give exoct lo	cation)
OF INJURY	(Month) (Day) (Yeor)	(Hour 21E INJURY OC	17.5	21E HOW DID INJ	URY OCCUR?		
(APPROX.)		While At Work	At Work	10		. 77	70
		attended the deceased	from MV	77	19 00 ta	mg 22	19
	) last saw the decease				at in (my) (aur) a	pinian death accur	red on the dat
23A. SIGNATI	of from the causes stat	ed abave. (1) (We) (dld)	(did nat) view the	body after death.		less plans	
(	Lelle /1 CV	AMUNA	Attending	Med.	Stoff	23 R. D'ATE SIGNED	י לרוון
23 C. PHYSICIA	ANS		GEGREE Phys. 23 D. ADD	Director LLI	Staff Phys.	1700.21	71112
	lenry Armanas	Ma	D. GEGREE 193	4 Wilkins: A	Ve. Balto.	Md. 21223	
24A. BURIAL CRE	MATION, 248 DATE		ETERY OF CREMATORY			City, town, or county)	(Stote)
Burial	8/24/72	Meadowridg	e Mem. Park	DOR	SEY H	OWARD CO.	MD.
25A. DATE REC'D	BY HEALTH DEPT.	258, NAME OF REGISTRAR		FUNERAL DIRECTOR		ADDI	RESS
AUG24	972 Midne	My Andrew		En Ti Scil		101 Frederi	CK AVES
\$ 150-REV. 1/1/	68	1					

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## FUNERAL DIRECTOR: IMPORTANT

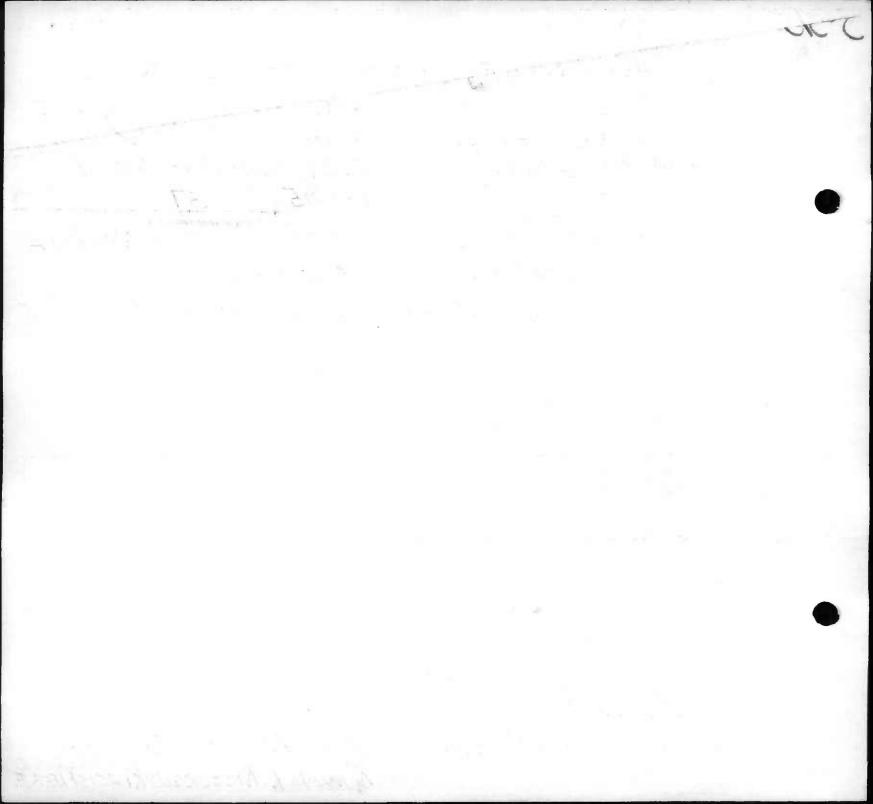
BALTIMORE CITY HEALTH DEPARTMENT 72 08099 CERTIFICATE OF DEATH irect or contributing cause of death
(4) Undetermined cause; (5) Deceased
was in remite MARYLAND-DHMH Such 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) FRANCIS 00 BRAXTON 4. USUAL RESIDENCE (Where deceased lived. If Institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD ance deat ILF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR D. INSIDE CITY LIMITS? attend 0 YES X NO prior E. STREET AND NUMBER 212 disposition is made in regular 9. AGE (In years If Under 1 Ys. If Under 24 His. 5. SEX & DATE OF BIRTH 19 6. RACE MARRIED NEVER MARRIED deceased lost birthdoyl m. ee WIDOWED IOA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (S)ole or foreign country 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) MAINTANEE IRGINIA Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct TS. Was Deceased Ever in U. S. Armed Forces?
(Yos, no or unknown) (If yes, give war or dates at service) eath 0 7. INFORMANT ADDRESS & SOCIAL SECURITY NO. or final attendance No 214-05-318 0 fracture of any APPROXIMATE INTERVAL pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY PROBABL (A) IMMEDIATE CAUSE embaimed LEADING TO DEATH INFARCTION MYOCARDIAL lThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: regular who ANTECEDENT CAUSES DISEASE 910 DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the 3 E the physician UNDERLYING CONDITION lost obtained before the remains WOS An accident of any nature; (2) Body burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 50+ YRS HEART HEUMATIC DISEASE TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (6) No physician 20A. AUTOPSY? (Yes of No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 119% CONDITION FOR WHICH OPERATION 0 WAS PERFORMED 218 PLACE OF INJURY leage in or about 21C WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (II In Baltimore City, give exact facation) where MEDICAL to the hospital DEATH (notify medical examined 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hous 21E INJURY OCCURRED 21F. HOW DIS INJURY OCCUR? approved Not While (except While At IAPPROX. and Work At Work 1972-to 22. I certify that (1) (this hospital) attended the deceased from eath); eq and that In(my) (our) opinion death occurred on the date that (i) (we) last saw the deceased alive on hospital and hour and fram the causes stated abave. (1) (We) (did) (did not) view the body after death. must he body was released 23A. SIGNATURE 238 DATE SIGNED 0 Attending D Med. Staff Phys. 0 Phys. approval 8 23C. PHYSICIAN'S 23D. ADDRESS prior 54. ROBEKT S. HANOVER at 3001 BAUEK IMD BALTIMORE DEGREE was D.O.A. 24A. BURIAL CREMATION, REMOVAL (Specify) shows: (1) 248 DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased 06 ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68

9-13-1972 - Correction form from Funeral Director - Charles A. Rice, 1300 Eutaw Place, Balto., Md. HRS

BALTIMORE	CITY	HEALTH	DEPARTMENT
DALLINGHE	A 1 1	11-16111	DEI WILLIAM

REG. NO	72 0	81	00
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BIRTH NO.STATE OF MARYLAND-DHMH CERTIFIC	CATE OF DEATH REG. NO. 72 ()81()()			
(Type or Print)	2. DATE AND HOUR OF DEATH			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	A. STATE B. COUNTY  C. CITY OR YOWN  D. INSIDE CITY LIMITS?			
Church Home + Hasp.	BA1to. YES NO			
BAHO. Md. 21231	2637 Fait Auf 21224			
5. SEX  6. RACE  WIDOWED  DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors   If Under 1 Yr.   If Under 24 Hrs.   Months; Doys   Hours   Min.			
10A, USUAL OCCUPATION (Give kind of work 10B, WND OF BUSINESS OR INDUSTAGE AND	144			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
JOHN STEFANOWICZ  15. Wos Deceased Ever in U. S. Armed Forces?   16. SOCIAL	AMELA PIEKARSKA			
115. Wos Deceased Ever in U. S. Armed Forces? (Yes, no, or unknown) (III yes, give wer or doles of service)  E5  WWI NAVY  217-03-74	21 MRS. AGNES STEFONOWICZ 2637 FAIT AVE			
18. 4 / 0 , 1 I CAUSE OF DE	EATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE	cause Acute Unocardial recent			
	RAS A CONSEQUENCE OF: Hyforchion			
ANTECEDENT CAUSES (B)				
DISEASES OR CONDITIONS, if ony, giving nise to the obave cause (A) stating the UNDERLYING CONDITION last. (C)	R AS A CONSEQUENCE OF:			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  214. ACCIDENT WAS UNDERLYING 1 (218. PLACE OF INJURY (6).	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect location)			
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED				
Work At V	While D			
22. I certify that (I) (this hospital) attended the deceased from				
ond hour and from the courses stated above. (1) (We) (did) (did not) view the body after death.				
23A. SIGNATURE 23B. DATE SIGNED				
Canada Jougan C. D.	Attending Med. Staff Phys. B-19-7			
PARTICIANTS ON GON DEL	23D. ADDRESS  100 N. BRADUAY, BACTO MD. 2/23/			
	TOREMATORY 24D. LOCATION (City, town, or county) (Stote)  EMETERY BATIMORE Co. MD.			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR AUG 2 4 1972 Leggistrar	25C, FUNERAL DIRECTOR ADDRESS ADDRESS (ACZOROWSKI 2525/LEET)			
VS 150-REV. 1/1/68	THE TOTAL TOTAL STATE OF THE ST			



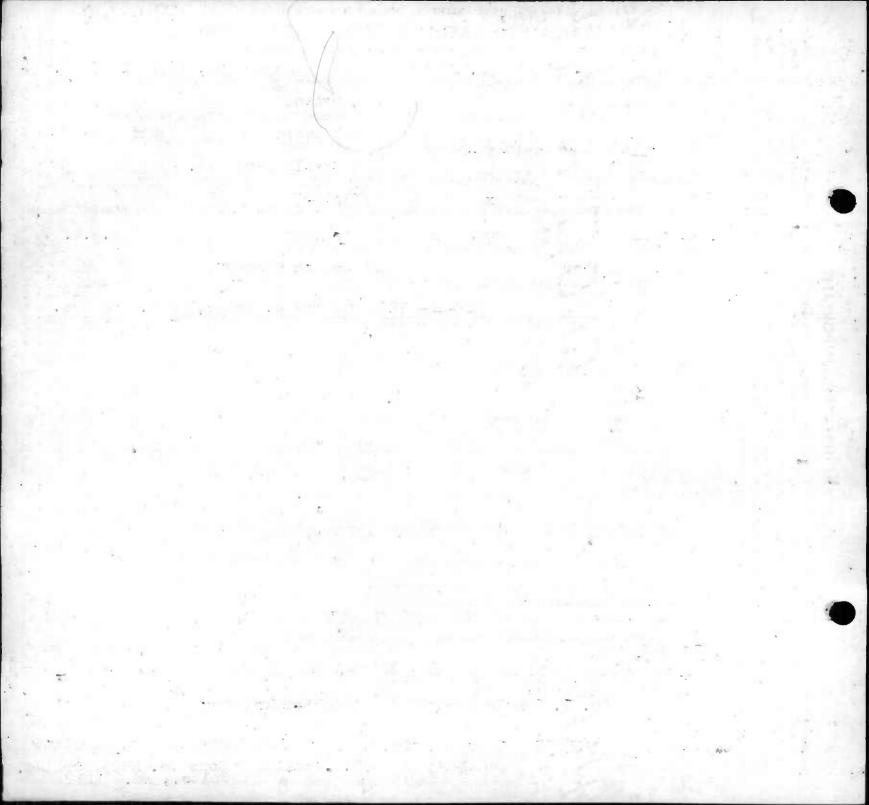
72 08101 STATE DE MARTIANDEDINA

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	72 08101
1. NAME OF DECEASED	2. DATE Known X25 Month Day	Year Hour
(Type or Print) Cedric Watts	OF DEATH Estimoted   8 22	72 <sub>M.</sub>
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 8 22	72 2:00 p.
4 4 Union Memorial Hospital	5. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE Md.	908
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	Y LIMITS?
male Negro WIDOWED DIVORCED	Balto. YES	NO 🗆
9. DATE OF BIRTH  10. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER 1915 Oakhill Avenue	
11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired)  BROMEN	Pour / T	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go or unknown)((If yes, give, wor, or dotes of service)  SECURITY NO.	IB. INFORMANT	DRESS
YOS W. XI. 2, 2/7/8 2385	JOHN B. 10/DENT HOLY KEYSTE	DRIVING
79. CAUSE OF DEAT	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Subdu	ral hematoma	
LEADING TO DEATH		
heart tailure, osthenia, etc. It meons the diseose,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST. (C)		
OF TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	tamorphosis of liver	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
0 2		yes-head
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give exact	J
UTING CAUSE OF DEATH. Home	1915 Oakhill Avenue	908
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED OF INJURY	VHILE Subject allegedly fell	
m. WORK AT W	ORK E   Dab Ject allegedly lell.	
	ead tapsy 🕮 and that an this basis, death in my a	
resulted fram: Natural causes Accident Suicid		
Accident 1 301010	CHIEF MEDICAL EXAMINER	
ACTUAL XCe 10 011 LT 100	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE EXAMINER'S POTON CONTROL M.D.	ASSOCIATE MEDICAL EXAMINER	8/23/72
EXAMINER'S Peter Lipkovic, M.D.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D LOCATION (City, 16w)	or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNEDAL DIRECTOR	DRESS
AUG 24 1972 Sidney Who was	25C. FUNERAL DIRECTOR AD	319 M. Sallor All X
VS 151.REV 1/1/68	The state of the s	111111111111111111111111111111111111111

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viso, of a ounc tten	
orong	
fra ho egul	
exa exa (3) A in v	
e approved by the chief medical examiner or his assistant if death occurred in a hospital and I to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	
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chie y a Bod the nysic	
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d by spir ture twre (6) N	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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1	,	mo 0040	BALTIMORE CITY	HEALTH DEPARTM	ENT	72 08102
BIR	-260 H NO.	72 0810	CERTIFICA	TE OF DEA	TH REG. NO.	E OF MARYLANDSDHAM
	AME OF DECEASED				ATE AND HOUR OF DEAT	
	<u>MA</u>		) F. KUSSER		August 22, 1	L972   12:50 P. M. finstitution: residence before odmission)
	PLACE IN BALTIMORE, MAI			4. USUAL RESIDENCE A. STATE Marylan	L COUNTY	f institution: residence before admission)
HC IN:	LL NAME OF (IF NOT ADDRES	S OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN		NSIDE CITY LIMITS?
9	O Hamilton	Nursing (	len ter	Baltimo		YES X NO
	Hamili Con	nor still (	Veri de i		hambra Ave.	
5. 5	EX 6. RACE		IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	F, M	WIDOV		7/23/1887		
	during most of working life, even		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or toreign country)	12. CITIZEN OF WHAT COUNTRY?
-	lomemaker		Own Home	German	V	U.S.A.
_	FATHER'S NAME			14. MOTHER'S MAIL	V	
F	Richard Fisc	cher		Jeseph	Herbert	
15.	Wos Deceased Ever in U. S, s,no or unknown) (If yes, give	Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS21210
	No			A Richard	J. Meise,10	05 W.Lake Ave.
	18.		CAUSE OF DEAT		<u>x</u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONE	DITION DIRECTLY		_		
	LEADING T			Carcina	ma colo	N / The on the
	(This daes nat meon the	made of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
	heort failure, asthenia, etc		ose,			
	injury ar camplication whi					
	ANTECEDEN	T CAUSES	(B)			
	DISEASES OR CONDITI			A CONSEQUENCE OF		
	rise to the above c UNDERLYING CONDITIO		(C)			
			(0/			
Z	OTHER SIGNIFICANT COND	TIONS CONTRIBUTION	NG A	A-1	0 ~	
ATIO	TO THE DEATH BUT NOT RE	LATED TO THE TERMIN	IAL	plie u	ca	
	19A. DATE OF OPERATION		OR WHICH OPERATION	20A. AUTOPSY? (Y	es or No. 20B. IF YES. WE	RE FINDINGS CONSIDERED
ERTIFIC	0	WAS PERFORMED		No	IN CERTIFYING	CAUSES OF DEATH?
2	21A. ACCIDENT WAS UNE	DERLYING	21B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE	DID (If in Boltin	more City, give exoct locotion)
CAL	OR CONTRIBUTING CAL		home, form, foctory, street, o	nice bidg., INJURT OC	CU K?	
0	21 D. TIME (Month) (D	oy) (Yeor) (Hour)	21 E. INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
ME	OF INJURY (APPROX.)		While At Not Whi			
			Work At Work		177	2 22
	22. I certify that (1) (thi	s hospital) attend	ed the deceased fram	la A-a	19 <b>b</b> / to	July 22 19 /2,
	that (1) ( last saw th	e deceased alive	an august	7 19 12	and that in (my) (out)	apinian death accurred an the date
	and haur and fram the c	auses stated abov	e. (1) (42) (451) (did nat)	view the bady after	death.	
	23A. SIGN ATURE					23B. DATE SIGNED
	00.	1/20.		ending Med.	Staff	8-23-77
	23C. PHYSICIAN'S	ata you	DEGREE Phy	23D. ADDRESS	Phys. 🗆	0,12
	NAME (Type)	a B Done	ald Jandorf		rford Road	•
244	BURIAL CREMATION, 24		C. NAME of CEMETERY OF CR		24D. LOCATION	(City, town, or county) (Stote)
	REMOVAL (Specify)			THE PLANT	2 214	
254	Burial C	5/21/72 DRATE 258. NA	Sacred Heart	25C. FUNERAL D	IRECTOR	County, Maryland ADDRESS
	AUG24 1972 7	travey for	workow	H.W.Jen	kins & Sons	Co. 4905 York Rd.
VS	150-REV. 1/1/68	1		4-0-9	Balto	1. MO. 61616



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

10	A-256 72 08103 CERTIFICATE OF DEATH TEG. NO. 72 08103					
618	CERTIFICATE OF DEATH					
1. N	AME OF DEGEASED	0 145-	- R. L. D	2. DATE	AND HOUR OF DEATH	DE MARYLAND-DHIM
	PISMWG0 C	X MIS	is rainy i	4. USUAL RESIDENCE (W	-13-72.	1 9 A M
3.	PLACE IN BALTIMORE, MARYL	AND, WHERE PRONG	DUNCED DEAD	A. STATE B. COL		istitution; lesiderice before odmission)
FU	LL NAME OF (IF NOT IN ADDRESS O	HOSPITAL OR INSTI	TUTION, GIVE STREET	Maryland	4/16	10 5 500
IN:	STITUTION		,	Reisterstow		YES NO NO
	Mency	Haspita	1	F STREET AND NUMBER		
				240 Highm	eadow Road	21136
5. 5		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost bithday)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
		WIDOWE		11-29-1919	52	
	. USUAL OCCUPATION (Give kin e during most of working life, even if		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	Office	Ir	nsurance	Maryland		USA
13.	FATHER'S NAME	1.1.5		14. MOTHER'S MAIDEN N		
		old B. Ash	more		Clara Ba	
15. (Ye:	Wos Deceased Ever in U. S. Ar s, no ar unknown) (If yes, give wa	rmed Forces? 1 at dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		216-14-7035	Miss Corin	ne I. Ashmo	ore Same
	1B. /83.61		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITI			SE Sepsis Ru	and the sale	re udas
	(This does not mean the m	nade of dying, e.g	DUE TO, OR AS	A CONSEQUENCE OF:	Hu Jazzen	n (coo)
	heart failure, asthenia, etc. It injury ar camplication which		,			
	ANTECEDENT C	CAUSES	Bou	ul saver	en -	3 day
	DISEASES OR CONDITION			A CONSEQUENCE OF	4	
	uise to the abave cous		(c) 1000	action your	wengen.	m & moulh
	11			2 702	2640	
NO	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED					
CAT	DISEASE OR CONDITION GIVEN	N IN PART I (A).	***************************************	20A. AUTORSY? (Yes or	Nol 208 IE vee Wee	EINDINGS CONSIDERED
ERTIFI		AS PERFORMED	WHICH OPERATION	A A	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CER	21A. ACCIDENT WAS UNDER	LYING 21	B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimo	re City, give exoct locotion)
AL	OR CONTRIBUTING CAUSE DEATH (notily medical examine			ffice bldg., INJURY OCCUR?		
Dia	21 D. TIME (Month) (Doy)	(Year) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
Z	OF INJURY (APPROX.)		Thile At Not While At Work	e		
WORK LAT WORK L						
22. I certify that (I) (this haspital) ottended the deceased from \$18/ 19 )2 to \$ /2.3 19 ), that (I) (we) lost saw the deceased olive on \$12.3 19 )2 and that in (my) (our) apinion death occurred on the date						
ond haur and from the causes stoted obave (1) (We) (did) (did not) view the bady after deoth.						
27A. SIGNATURE						
	Attending Med. Staff Drector Phys. Director Phys. Drector 8/23/) 2					
23C, PHYSICIAN'S 123D, ADDRESS						
	2.80	ONACHAN	-only M.D	, merely	HO WOLD	
24/	A. BURIAL CREMATION, 24B. E REMOVAL (Specily)	DATE 24C.	NAME of CEMETERY OF CRI	MATORY / 24D.	LOCATION (C	ity, tawn, or county) (Stote)
E		-25-72	Woodlawn	V	Voodlawn Ba	alto. Co., Md.
254	A. DATE REC'D BY HEALTH DE	7. 258. NAME	OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
	AUG24 1972 75	reversion	when	4905 YOU	ins & Sons	to., Md. 21212
VS	150-REV. 1/1/68	11	1 may 1 m	4 0 3 7		

10/30/12-Radiation given for clear cell carcinoma Letter from Mercy Haspital Filed in Bur of Brastatisties - ge

AVG25 197 VS 150-REV. 1/1/68

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death.

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4				BALTIMORE CITY	HEALTH DEPAR	TMENT		MO 0810#
P-3	63	PO 0	0404	CERTIFICA	TE OF DE	ATH	REG. NO	72 08104
INAME	E DEC	ASSED 12	8104	OZICTII TO	0. 0.	O DATE AN	STATE	OF MARYLAND DHM.
(Type or Pr		EDWARDS,	WITTIA	M CHRTIS				72 . 0.20 1
					Te Hellal acelo	AUGU		12 9:30 P. N
3. PLACE	IN BAL	IMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	A. STATE	B. COUN	e deceased lived. It in	stitution: residence before admission)
FULL NAT	AE OF	ADDRESS OR LOCA	AL OR INSTITUTE	ON, GIVE STREET	MARYLA	ND		2864
INSTITUTIO	OK ON				C. CITY OR TOW	N	D. INSI	DE CITY LIMITS?
11	1	ST AGNES	HOSPITA	L	BALTIM	10RE		YES X NO
14	-()				E. STREET AND			
1					38 N A	THOL	AVE BALTO	MD 21229
S. SEX		6. RACE	7. MARRIED V	NEVER MARRIED	8. DATE OF SIRTE		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
MAL	E	CAUCASIAN	WIDOWED	DIVORCED	04 22 0	7	lost birthdoyl 65	Months Doys Hours Min.
		PATION (Give kind of work	108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE	Stole or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
		vorking life, even if retired)			MIDCIALI	٨		11 0 1
		TY GUARD	DETECT	IVE AGENCY	VIRGINI			U.S.A.
13. FATHER	I'S NAM	AE			14. MOTHER'S N	AIDEN NAA	ΛE	
XXXX	XXXX	IIW KKKKKKKKK	LIAM MURI	RAY EDWARDS	ELLEN	( DI	JRHAM	)
15. Was De	ceosed	Ever in U. S. Armed Ford	es?	SOCIAL	17. INFORMANT			ADDRESS
				SECURITY NO.	ST AGNE	SHOS	PITAL REC	ORDS CATON &
YE	2	WW (2)	12.	28 05 2029	WILKENS	AVES	BALTO MD	
18.	02	. / 1		CAUSE OF DEATH				BETWEEN ONSET AND DEATH
		E OR CONDITION DIE	ECTLY				Angilous	
471		LEADING TO DEATH	, .				ARCINOMA- L	UNG
		of meon the mode of osthenio, etc. It meons		DUE TO, OR AS	CONSEQUENCE	OF:		
injury	or com	plicotion which coused	deoth.)					
	1	ANTECEDENT CAUSES		403				
DISEA	SES C	R CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE	OF:		
rise	to the	obove couse (A)						
UNDE	RLYING	CONDITION lost.		(C)				
		11		-1.	1 .	0		
		CANT CONDITIONS COL		Charanie	obstruction	ve Pec	1. Disease	
E IO IH		H BUT NOT RELATED TO THE				***************************************		
U 19A. D		OPERATION 198 CON	DITION FOR WH	ICH OPERATION	20A. AUTOPSY	? (Yes or No		FINDINGS CONSIDERED
DI 19A. D		WAS PERF	ORMED		-		IN CERTIFYING CA	USES OF DEATH?
U 21 A. A	CCIDEN	T WAS UNDERLYING	21 B. PL	ACE OF INJURY (e.g., in	or obout 21C. WH	IERE DID	(If In Boltimor	e City, give exact location)
		TING CAUSE OF medical examined	home,	form, foctory, street, of	fice bldg., INJURY	OCCUR?		
2								
OF IN.		(Month) (Doy) (Yeor)		JURY OCCURRED		M DID INT	URY OCCUR?	
< (APPRO	(,XC		While	At Work				
22 1		that (X) (this haspital	) ottonded the	deserved from	09 16	,	0.72	08 21 19.72
thot (	(we)	lost saw the decease	d alive an		19	ond the	of in (my) (our) opi	nion death occurred on the date
ond h	our one	from the couses stat	ed obove. X() (	We) (did) ()(i)()(o)() v	lew the body of	ter deoth.		
23A. SI	GNATU	RE						23B. DATE SIGNED
Min	-ato	Q. Vargas	a.	M. I) Atte	nding Me		Staff	8-21-3~
			1	DEGREE Phys	3D. ADDRESS	ectar 🗀	Phys. 🗀	
	AME (T)	la a						
		DONATO A	ARGAS,	K., M.D	STAG	MES HO	OSPITAL	
24A. BURIA	L CRE	AATION, 248. DATE	24C. NAM	E of CEMETERY of CRE	MATORY	24D. LC	OCATION (Ci	ty, town, or county) (Stote)
Bur			72 Danie	l Didae Co-or	0.34	7.11	00-111-	
		8-24-19	1200	Ridge Cemet			esville, Ma	
_		BY HEALTH DEPT.	258 NAME OF		2SC. FUNERAL			ADDRESS
RIVE?		the second secon	DESCRIPTION OF THE PARTY OF THE	TO THE PERSON	TT C 20 -	TY TY	L L o = - / 107	Willens Ave 2122

Howard HoHubbard, 4107 Wilkens Ave. 21229

anthree, 1.11 Courts ALLE MORNORSHIP CONTRACTOR OF THE PROPERTY OF All fall Sychae a Sultablifie Been Worldhass Confidence response to the LATE of the same great is not able to the late of the same of t The second secon

MENTERSON TO A NEW SOLD WAS A NEW S HOSELIAN

AND THE DIFFERENCE OF THE PROPERTY OF THE PROP

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the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased

was in regular attendance

death

Also,

or his assistant if death occurred in a hospital and

deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death.

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any was D.O.A. at a hospital (except where the physician who pronounced

This certificate must be approved by the chief medical examiner

the body was released to the hospital by a

written approval must be obtained before the remains are embalmed or final disposition is made.

1		BALTIMORE CITY	HEALTH DEPARTMEN	NT ,	72 (8105
H-322 7	2 08105	CERTIFICA	TE OF DEAT	H REG. NO	OF MARYLAND-DHMH
I NAME OF DECEASED			2. DA1	TE AND HOUR OF DEATH	
(Type or Print) ATK	ISSON, HORA	CE M.	AU	GUST 22, 19	72   12:18 A.M
3. PLACE IN BALTIMORE, MARYL			4. USUAL RESIDENCE	(Where deceased lived. If	institution: residence before odmission)
FULL NAME DF (IF NDT IN ADDRESS D	HDSPITAL OR INSTITUT	ION, GIVE STREET	MARYLAND		ORE 21227
NOTITUTION			C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	VES HOSPITA		BALT I MORE	15D 70-0-0	YES NO X
1 4	& WILKENS			TOOLE # I	5219
BALTII	MORE, MARYL		7421 WASH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
		NEVER MARRIED		lost birthdoy)	Months Doys Hours Min.
MALE CAUCAS			05/17/21	1 51	12, CITIZEN OF WHAT COUNTRY
lone during most of working life, even i	Fretired)				12. CHILLY OF WHAT COUNTY
RE PAIRMAN	GLASS	& RADIATOR			U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
ANDREW ATKIS	SON		KATHERIN	EE MUSSELMAN	V
S. Wos Deceased Ever in U. S. A Yes, no or unknown) (If yes, give wa	rmed Forces?	6. SOCIAL SECURITY NO.	17. INFORMANT	LTO MD 2122	ADDRESS
YES WW2	2	27-18-9272	ST AGNES!	RECORDS CA	
18.4/19 21	<u>6</u>	CAUSE OF DEATH		THE COME OF	APPROXIMATE INTERVAL
DISEASE OF CONDIT	ION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO	DEATH	/ANMMEDIATE CAL	SE Arterisder	die Heart of	1 fents
(This does not mean the n heart failure, asthenia, etc. I		DUE TO, OR AS	A CONSEQUENCE OF:	Fin Heart o	
injury ar camplication which					
ANTECEDENT	AUSES	(0)			
DISEASES OR CONDITION	IS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above caus		(c)			
II.				,	
		Severe An	enia z. G	Live Circle	1800
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION GIVE					
19A. DATE OF OPERATION		HICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
ERT					
OR CONTRIBUTING CAUSE DEATH (notify medical examina	OF home,	farm, foctory, street, o	n or obout 21 C. WHERE D fice bldg., INJURY OCCL	JR? (If in Boltim	ore City, give exoct location)
21D. TIME (Month) (Doy)	(Yeor) (Hour) 21E. I	NJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
OF INJURY	While	At Not While At Work	е		
	Work			70	NIOT 00
22. I certify that (X) (this I				19 72 to AU(	GUST 22 19.72
					pinion deoth occurred on the dote
ond hour and from the cou	ses stated above.	(Me) (qiq (qiq Hat)	iew the body ofter de	oth.	
23A. SIGNATURE	1	400	1: — 04 1	- 5. " -	23B. DATE SIGNED
Anah a. Va	yas h	DEGREE Phy	nding Med. Director	Staff Phys.	8-92-7~
23C. PHYSICIAN'S NAME (Type)	8	0.00	23D. ADDRESS	1-1-1-1	
24A. BURIAL CREMATION, 24B. I REMOVAL (Specify)	DATE _ 24C. NAM	AE of CEMETERY OF CRI	MATORY 2	4D. LOCATION	City, town, or county) (State)
	8=24=72	rial Park		Sandston Vi	rainia

Burial Washington 1258. NAME OF REDISTRAR

VS 150-REV. 1/1/68

25C. FUNERAL DIRECTOR

Howard H. Hubbard-4107 Wilkens Ave-21229

ADDRESS

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MARLE CAUCASTAN STATE OF THE ST

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1	- 1/	BALTIMORE CIT	Y HEALTH DEPARTMENT		72 (8106
	72 08	3106 CERTIFICA	TE OF DEATH	REG. NO.	OF MARYLAND - District
	AME OF DECEASED		2, DATE A	ND HOUR OF DEATH	
	DONALD DEAN I			lug. 22, 1977	
FUI	PLACE IN BALTIMORE, MARYLAND, WHERE PRO LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		Del.	NTY	nstitution: residence before admission
INS	TITUTION		c. CITY OR TOWN Magnolia	D. INS	YES NO
-	US Public Health Service 3100 Wyman Parkway	Hospital	E. STREET AND NUMBER	7 0 11 1	
			Rt. 1 Lot B	1 S. Wood	
5. S	M Caucasian Widow	NEVER MARRIED DIVORCED	11/15/46	9. AGE (In years lost birthdoy) 25	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ØA.	USUAL OCCUPATION (Give kind of work 10B, KINI		, , ,		12. CITIZEN OF WHAT COUNTR
lone	e during most of working life, even if retired) Mechanic		Ind.		USA
3. 1	FATHER'S NAME M. Noble Detwiler		Juanita	Christner	
S. V	Was Deceased Ever in U. S. Armed Forces? ,,no or unknown) (If yes, give wor or dotes of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Yes USAF 1966-1970	313-48-2066	Records- US	PHS Hospita	al, Balto, Md.
	18.// X 6 X 1 at 186	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY		Aguta bilat	eral pneumon	
	LEADING TO DEATH	(A) IMMEDIATE CA	USE	erar pheamor	nia Days
	(This daes nat meon the mode of dying, heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:		
	injury ar camplication which caused death.)				
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR A	A CONSEQUENCE OF:	• • • • • • • • • • • • • • • • • • • •	000000000000000000000000000000000000000
	rise to the above couse (A) stating UNDERLYING CONDITION last,	(C)			
	II	Widoler or	mand matactaces		
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG cell card	oread metastases einoma, right te	emoryonal	$1\frac{1}{2}$ years
AT	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART † (A).		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., home, form, factory, street,			re City, give exoct locotion)
4	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, farm, factory, street, cetc.)	office bldg., INJURY OCCUR?		
U	21 D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
MEDI	OF INJURY (APPROX.)	While At Not Whi	le C		
		Work L At Work	June 16	72	ug. 22 19 7
	22. I certify that (I) (this haspital) attend	ed the deceased fram	MO	/ /	
	that (1) (we) last saw the deceased alive	an Aug. 22			Inian death accurred an the da
	and hour and fram the causes stored abav	e/ (1) (We) (did) (dj/d/n6)	view the bady after death.	•	
	23A. SONATURE III MALIMIT	1	ending Med.	Shaff C	23B, DATE SIGNED
	There would are	OEGREE Ph	ys.   Director	Staff Phys.	8/22/72
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	-7 D-71	01017
	Robert Wright, SA Surg	(R) GEGREE		al, Balto, 1	Md. 21211
24A		C. NAME of CEMETERY OF CE		LOCATION (C	ity, town, or county) (State)
		Yellow Creek Ce	m.	Wakarusa, In	diana
25A		ME OF REGISTRAR	2SC. FUNERAL DIRECTO	R	ADDRESS
	AUG25 1972 Trilling	far horton	Howard H. H	ubbard-4107	Wilkens Ave. 21229
		The same of	1 1 1		

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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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VS 150-REV. 1/1/68

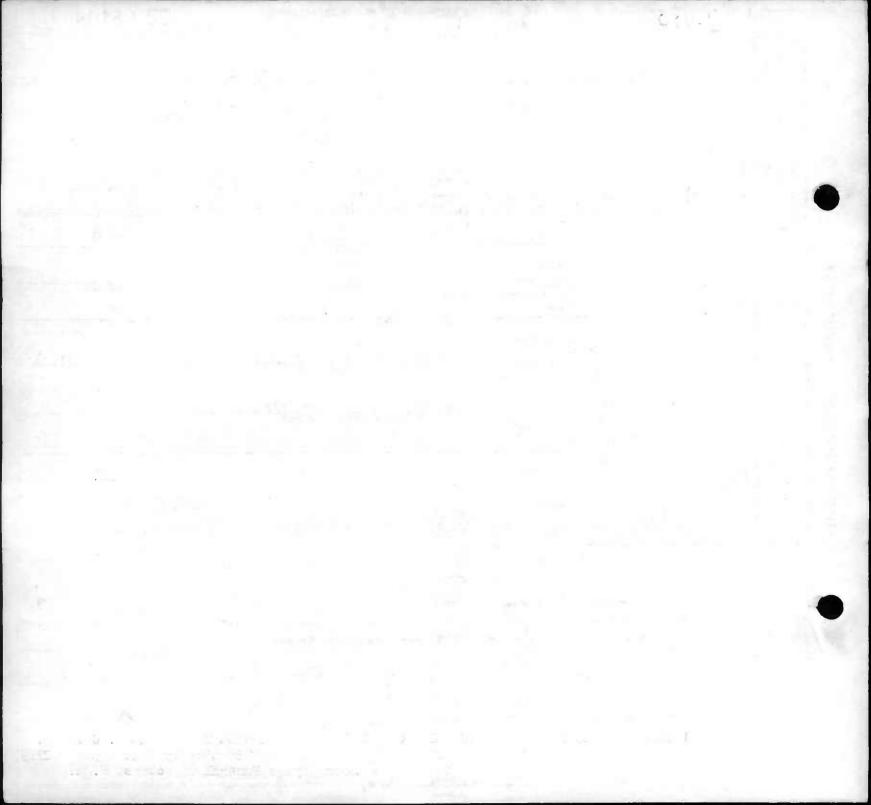
Q 340	BALTIMORE CITY HEALTH DEPARTMENT					
BIRTH NO. 72 0810	07 CERTIFICA	TE OF DEATH	REG. NO.	OF MARYLAND-DHMH		
Type or Print	Realtie	2. DAJE	AND HOUR OF DEATH	10.45 1.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (	Where deceased lived, If i	institution: residence before admission		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT HOSPITAL OR ADDRESS OR LOCATION)	UTION, GIVE STREET	Pennsylvan	nia	SIDE CITY LIMITS?		
Baltimore City Hosp.	itale	Berlin	J. 1113	YES NO NO		
3 4940 Eastern Avenue	,Baltimore,Md.	Rt. 4, Box		530		
5. SEX Male Caucasian Moowed	DIVORCED	8. DATE OF BIRTH 1-14-56	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10A, USUAL OCCUPATION (Give kind of work 10B, KIND Of done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
		Pennsylva	ania	U.S.A.		
Charles A. Beatti	e, Sr.	14. MOTHER'S MAIDEN	XXX Frances	Yoder		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21224		
		Records: BCH-49	940 Eastern A	ve., Baltimore, Md.		
18.7.04.01	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		[and	0 110			
(This does not mean the mode of dving, e.g.,	DUE TO, OR AS		& Hemorro	se 6 hours		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	0					
ANTECEDENT CAUSES	m Acv	to Lum	lacita /	ouldure Hunst		
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	Moc. Ice	- Early out of 11 millions		
rise to the above couse (A) stating the UNDERLYING CONDITION last,	(c)					
		p.d	/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
■ DISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH COSEATION	20A. AUTOPSY? (Yes or	Nall 200 Is yes west	Chicked Colleges		
19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED	WHICH OFEIGHOR		IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING 218	PLACE OF INJURY le.g., in	YES or obout 21 C. WHERE DIG	(If In Boltimo	re City, give exoct location)		
S DEATH (notify medical examined) etc.	ne, form, foctory, street, of	nce bidg., INJURT OCCUR				
OF INJURY (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
(APPROX.)	ile At  Not While	0		,		
22. 1 certify that (1) (this hospital) attended the deceased from \$15 1972 to \$122 1972						
that (1) (we) last saw the deceased alive an \$\frac{2}{2}\] 1972 and that In(my) (aur) apintan death occurred an the date						
and have and fram the causes stated abave. (	l) (We) (did) (did nat) vi	lew the body after deat	h.			
(23A. SIGNATURE	M. O Atter	nding Med.	Staff Phys	P 2 2 17 2		
23C. PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	110	10/20//		
Michael Collins						
24A. BURIAL CREMATION, 24B. DATE 24C.N.	AME OF CEMETERY OF CRE			ity, town, or county) (Stote)		
	0.0.F. Cemete:	ry	Berlin, Per	nnsylvania		
	OF REGISTRAR	25C, FUNERAL DIRECT		ADDRESS		
AUG25 1972 / Dury M		Hubbard Fur	eral Home 410	07 Wilkens Ave.21229		

town a some horsel. Acrite Layuphacite Lauremy 11000 Michelle Codin

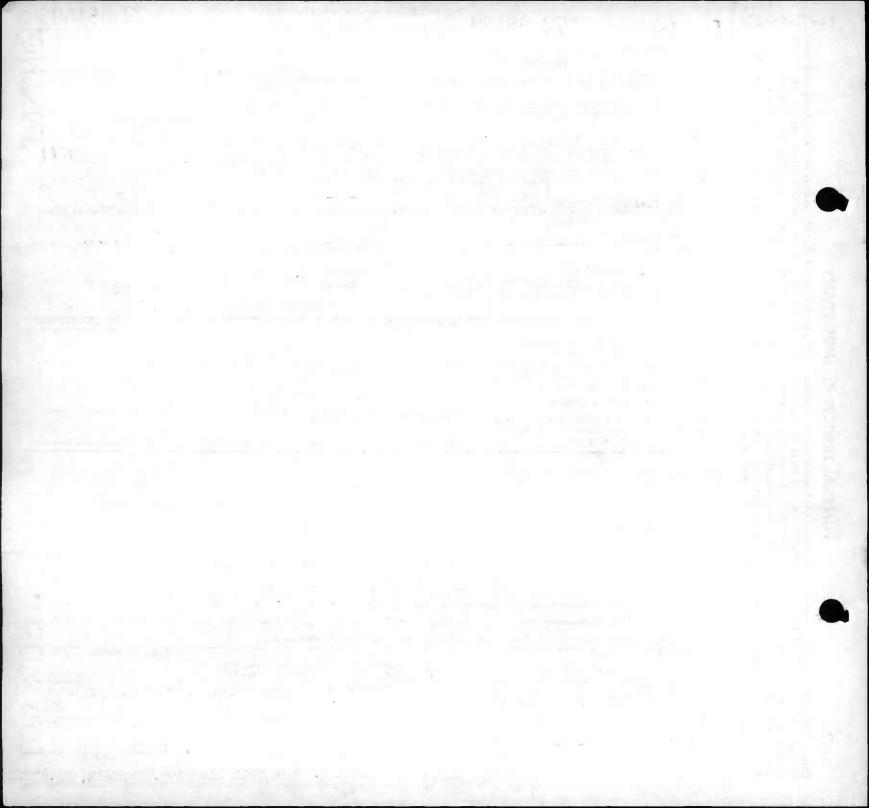
## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CIT	Y HEALTH DEPARTMENT 72 08408
BIRTH NO. 72 08108 CERTIFICA	TE OF DEATH REG. NO. HARYLAND DEME
1. NAME OF DECEASED  (Type or Print) Charles H. Clar	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. Il institution: residence belore admission)  A, STATE  B, COUNTY
HULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Marylana Baltimore 5300 C. CITY OR TOWN D. INSIDE CITY LIMITS?
Maryland General Hospital	E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED NEVER MARRIED A	G. DATE OF BIRTH 9. AGE (In years   II Under 1 Yr., If Under 24 Hrs.
M WIDOWED DIVORCED	7/10/99 lost birthdeys 3 Months Days Hours Min.
done-during most of working life, even if refined)	1 1 1
13. FATHER'S NAME	Marylana USA
WENRY CLAY.	BERTHA MIHM
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
None 220-14-1532	Miss Barbara Clay Same
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CA!	USE RESpiratory arrest 1/3 min
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	ration of gastric vomitus 1 75 min
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost.	ie dilatation (post-operative) 7 days (op)
II .	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	justro-intest. (upper) bleeding 75 min
TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 IAI.  194. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION  WAS PERFORMED  WAS PERFORMED  1218. PLACE OF INJURY IS A.	20A. AUTOPSY? IVes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING   21B PLACE OF INJURY (e.g., of the contributing   CAUSE OF   CAUSE O	n or obout 21 C. WHERE DID / lift in Boltimore City, give exect location)
21D.TIME IMonth) (Doy) IYeai) (Hour) 21E INJURY OCCURED OF INJURY While At Not While	215 HOW DID INJURY OCCUR?
Work At Work	
22. I certify that (this haspital) attended the deceased fram	8/14 19 12 to 8/22 1972
that (4 (we) last saw the deceased alive on 3/22	and that In (our) apinion death occurred an the date
and hour and from the causes stated abave. (***(We) (did) (did not) v	
Ather Man Det Min Ather	anding Med. Shaff Phys. 238, DATE, SIGNED
TO THE STATE OF TH	23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRIME BURIAL 8/25/1972 MOUNT OLIVE CEI	
AUG25 1972 Silvin AD AND OF REGISTRAR	Loring Byers Funeral Directors, P. A.
VS 150-REV. 1/1/68	



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FUI	L NAME OF	IF NO	T IN HOSPIT	AL OR INSTITATION)	TUTION, GIVE STREET		rland Ba	ltimore	INSIDE CITY	LIMITS?	00
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Yes	Ves Deceased, no or unknown	Ever in U.	S. Anned For	rces? es of service)	SECURITY NO.	17. INFO		4940 East			
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IMPORTANT

**DIRECTOR:** 

FUNERAL

The William 

IMPORTANT DIRECTOR: FUNERAL

pital and of death Deceased no hospital ance (4) Undetermined cause; (5) cause attend 0 8 contributing prior occurred ar mad deceased regul = isposition direct or Was O the assistant death 00 kind; final attendance any pronounced 10 embalmed fracture of examiner. (3) A fractu regular who are 5 physician before the remains Mas burns; No physician he body was released to the hospital by a m hows: (1) An accident of any nature; (2) Body chief the the where obtained 9 proved (except and P eath); hospital

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prior to

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D.O.A.

Was

shows:

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED McKinney 2. DATE AND HOUR OF DEATH (Type or Print) EDWARD 6. MCKINNEY 21. 11.25 A 4. USUAL RESIDENCE IWhere deceased lived. Il institution: residence below odmission)
A. STATE 8. COUNTY Baltimore 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland ALTIMORE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS? Dundalk Home & Hospital NO.N YES E. STREET AND NUMBER 5 Bayside Drive BAYSIBE DRIVE 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years Il Under 1 Y& 7. MARRIED NEVER MARRIED If Under 24 His. White WIDOWED DIVORCED IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLY CE (Stote or Coreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Humbla Pil Ga U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ERNEST LETTIE GREEN. 15. Was Deceased Ever in U. S. Armed Forces: 6. SOCIAL 17. INFORMANT 5 Bayside Drive (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. No 214-0/-5767 Mrs. Mable E. McKinney Dundalk, Md. 21222 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. Il means the diseose, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exect location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Month) (Doy) (Year) (Houd 21 & INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While While At (APPROX.) 22. I certify that (1) (this hospital) attended the deceased from 8.14. that (1) (we) last sow the deceased alive on\_\_\_\_ 21 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE Attending written approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION Burial 8-24-72 Woodlawn Cemetery Woodlawn, Maryland AUG25 1912 25% NAME OF REGISTRAR drey Anhon

VS 150-REV. 1/1/68

John J. Duda 7922 Wise Ave. Dundalk, Md. 21222

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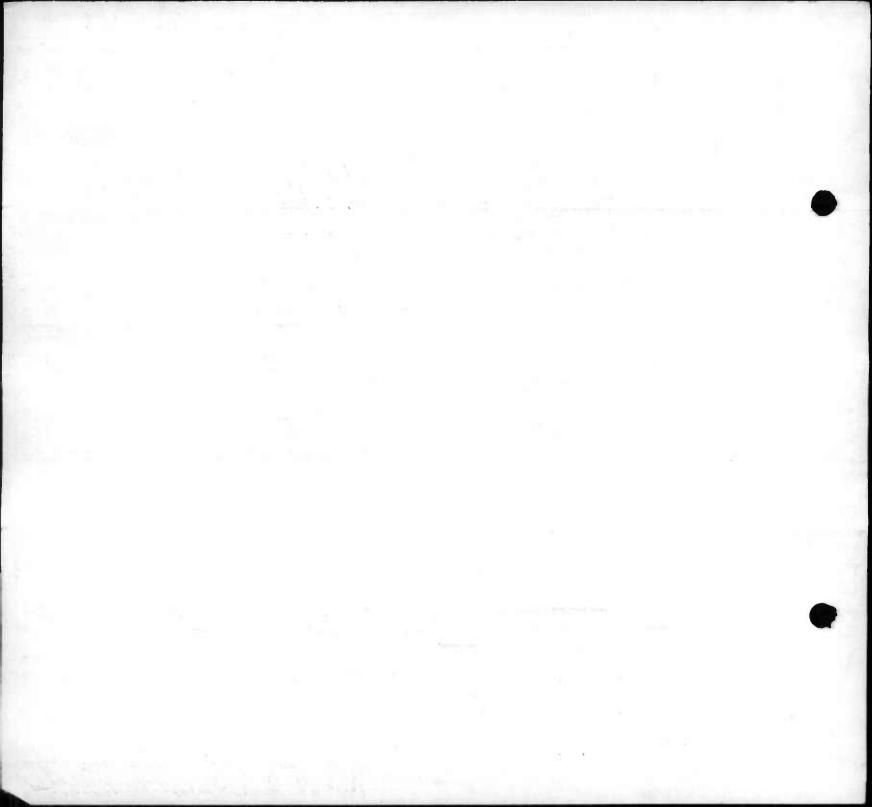
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	M auto 50 00140 BALTIMORE CIT	Y HEALTH DEPARTMENT 72 08112
	11110.	ATE OF DEATH REG. NO
(Ту	AME OF DECEASED ROBERT J. MISTER ROBER	
3.	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
FU HC IN!	LL NAME OF SPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore eity 101 c. CITY OR TOWN D. INSIDE CITY LIMITS2
	CHURCH HOME and HOSPITAL	
	BALTIMORE. Maryland 21231	3019 O' DONNELL STREET
5. \$	WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (in years   If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min. Ann. Ann. Months; Days Hours; Min.
10A don	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY during most of working life, even if refired)  FIRE MAN  Balto. City	11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13.	ATHER'S NAME	14. MOTHER'S MAIDEN NAME
	HARRY MUSIAL	Pearl Kolodziejski
15. Yes	Vos Deceosed Ever in U. S. Armed Forces?  no or unknown) life yes, give wor or doles of service)  16. SOCIAL  SECURITY NO.  216 36 / 364	Dr. G. GURUSWAMY. CHURCH HOME and HOSPITAL
	18. 57/. 9   CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	ADDIO DEC BIDA TERM
	injury at complication which caused death.)	A CONSEQUENCE OF: ARREST
	ANTECEDENT CAUSES	RRHOSIS and it's compli- not learn
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	PHAGEAL VARICES)
	11	
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
CERTIFICATIO	198. DISEASE OR CONDITION GIVEN IN PART 1 (A).  198. DATE OF OPERATION WAS PERFORMED  WAS PERFORMED	20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, farm, factory, sheet of DEATH (notify modical examiner)	in or obout 21 C. WHERE DID (If In Baltimore City, give exact lecetion)
0	21D.TIME (Month) (Doy) (Yoor) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
×	(APPROX.) — While At Not While At Work	
	22. I certify that (I) (this hospital) attended the deceased fram	8 (13 72 19 to 8/21 19 72/
	that (1) (we) last saw the deceased alive an	and that in (my) (our) apinian death accurred an the date
	and have and from the causes stated above. (1) (We) (did) (did net)	riew the bady after death.
	1 1 1 1 1 1 MA WOULD	anding Med. Staff Director Phys. D
	RAY MOND ATKING	CHURCHHOME and HOSPITAL
24A	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CR	
	Burial 8-25-72 Holy Rosary Ce	emetery Baltimore, Maryland
25A	IG25 1972 They was of REGISTRAN	25C. FUNERAL DIRECTOR ADDRESS  John J. Buda 2829 Hudson St. Balto. Md. 21224
VS	50-REV. 1/1/68	

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July 1994 - Yellows

BALTIMORE CI	TY HEALTH DEPARTMENT 72 08113
12 UC 1 13	ATE OF DEATH REG. NO. MARYLAND DHMH
1. NAME OF DECEASED (Type or Print) Toa Harnes	2. DATA AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE Whey deceosed lived of institution residence velore admission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Harbar View nursing Home	Towson YES NOX
1213 Light St	E. STREET AND NUMBER 8155 Pleasant Plains Road
S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH/836 9. AGE (In years If Under 1 Ys. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	
Homemaker Own Home	Virginia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No None None	Family records
DISEASE OR CONDITION DIRECTLY	Therosubotic BETWEEN ONSET AND DEATH
LEADING TO DEATH	d I) A
heart failure, asthenia, etc. It means the disease.	S A CONSEQUENCE OF:
injury or camplication which coused death.)	Concernal was pole.
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving DUETO, OR A	AS A CONSEQUENCE OF:
THOSE VING CONDITION I.	Dewlety Sug CAS
ONDERLING CONDITION IOSI. (C)	43000 Marie Control Control
	Istecele
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B PLACE OF INTERVIOR	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	in or obout 21C, WHERE DID (II In Boltimore City, give exoct locotion) office bldg., INJURY OCCUR?
21D-TIME (Month) (Doyl (Yeor) (Hour) 21E INJURY OCCURRED While At Not WI Work At Work	
22. I certify that (1) (shite haspital) attended the deceased from	Quice 1972 10 8/19 1972
that (i) (well lost saw the deceased clive on 9/19	19 7 and that In(my) (see opinion death occurred on the date
ond hour and from the couses stated above. (1) (We) (did not)	
23A. SIGNATURE AN VOICE	23B. DATE SIGNED
The state of the s	tending Med. Staff Director Phys. Staff 9/21/72
23C. PHYSICIAN'S NAME (Type) / Eunzth Krulzitz Might	115 W. Moument S7. Buth Hel
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial Aug. 22, 1972 Morelane Memori	
AUG25 1972 John NAME OF REGISTRAR	250 FUVERAL DIRECTOR ADDRESS ADDRESS ADDRESS
VS 1SO-REV. 1/1/68	MAN



Ronald N. Kornblum, M.D. NAME (Type) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL CREMATION, 24B. DATE (State) REMOVAL (Specify) Md. Baltimore. 8-23-72 Holy (ross (emetery Burial 25B. NAMB OF REGISTRAR 25A. DAN REGIDBY-HEAUH DEPT. 25C. FUNERAL DIRECTOR **ADDRESS** Mc Cully - 130 E. Fort Ave. Balto. 21230 VS 151-REV. 1/1/68

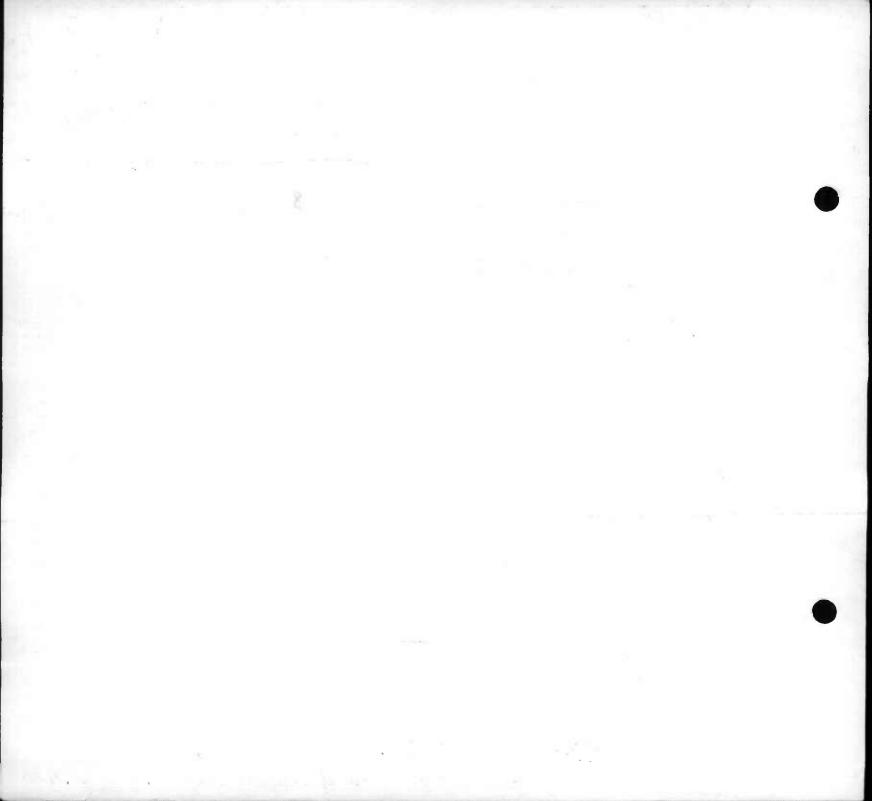
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## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	M 2=1	BALTIMORE CITY	HEALTH DEPARTMENT		
	72 081	15 CERTIFICA	TE OF DEATH	REG. NO. 72	08115
	1. NAME OF DECEASED	22.02		STATE OF MAI	RYLAND-DHMH
	(Type or Print) BESSIE E. MCA	vally.		72 4'25	1
I	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where d		: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION CIVE STREET	A. STATE B. COUNTY	h	14 ) 4 N
	HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CIT	LIMITS?
4	SOUTH BALTIMORE GENER	AL MOSP.	BACTIMORE	YES [	X NO
-	3 cm, S. HANONER ST.	1330.	E. STREET AND NUMBER	VSD ST TIA	can alch
			3 7	21)	E. Clements
	F W WIDOW	ED NEVER MARRIED DIVORCED DIVORCED		GE (In years If Un birthday) Month	der 1 Tr. If Under 24 Hrs. Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 108, KIND		11. BIRTHPLACE (State or fareign	Sy.	ITIZEN OF WHAT COUNTRY
I	done during most of working life, even if retired)		BALTO.	12.0	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		0 5 17 1
	CHARLES ZIMMERM	AN		EPP	
	15. Was Deceased Ever in U. S. Armed Forces? (Tes.na or unknown) (If yes, give war or dotes of service)		17. INFORMANT		ADDRESS
	No		JAMES R. Me	Nally 513 &	CLEMENTST.
	18. / /7 2 9 1	CAUSE OF DEATH		BAC	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	GROSE OF BEAT	•		BETWEEN ONSET AND DEATH
	LEADING TO DEATH	/ANMMEDIATE CAU	SE METASTATIC W	MELANOMA	
I	(This does not meon the mode of dying, a heart foilure, asthenia, etc. 11 means the disea		CONSEQUENCE OF:	************************	
	injury or camplication which caused death.)				
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, givinse to the above cause (A) stating	ing DUE 10, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c)		**************	
	Z OTHER SIGNIFICANT CONTRIBUTIONS				
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN.    DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL	•		
I	19A-DATE OF OPERATION 198 CONDITION FO	R WHICH OPERATION	20A. AUTOPST? (Yes or No.) 20	B. IF YES, WERE FINDING	S CONSIDERED
	WAS PERFORMED			CERTIFYING CAUSES OF	F DEATH?
11	U 21A. ACCIDENT WAS UNDERLTING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, factory, street, off	or about 21 C. WHERE DID	(II In Baltimare City, g	live exact location)
	DEATH (natify medical examiner)	elc.)			
		TE INJURY OCCURRED	21F. HOW DID INJURY	OCCUR	
	(APPROX)	While At Not While At Work			
	22. I certify that (1) (this haspital) attended				-72 19
I	that (1) (we) lost saw the deceased alive o	n	2 19 ond that Ir	i(my) (our) opinian de	ath occurred on the dote
	and hour and from the causes stated above	(1) (We) (did) (did not) vi	ew the bady after death.		
	23A. SIGNATURE	MASS. Atten	dia - Mad - sur		ATE SIGNED
I	23C. PHYSICIANS	DEGREE Phys.			23/72.
	23C. PHTSICIAN'S R. A. A. A.	2	4 - /	MANONER MA. 2123	ST.
2	4A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERT of CRE			
	0 /				
1 2	54. DATE REC'D BT HEALTH DEPT 258. NAM	HOLY (ross (emt.	25C. FUNERAL DIRECTOR	imore, Maryla	ADDRESS
11	AIII525 1972 7 1 1 1 1 1	7069 XQ. 10 0	1 4 1 1		tion.

Adallis Fureral Home 130 E. Fort Ave. 21230 VS 150-REV. 1/1/68



IMPORTANT

**DIRECTOR:** 

FUNERAL

A CONTRACTOR OF THE PROPERTY O TRANSFORM DELT. ENTRE! II MATECILIE 210111 West on Personal Property of August 198

24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL

150-REV. 1/1/6B

8/22/72

Such

-1	1		20 004	BALTIMORE CI	TY HEALTH	DEPARTMENT		72 (	081	17	
1	1-200		72 (8)	CERTIFIC	ATE O	E DEATH	REG. NO		J (J	ala I	
BIR	TH NO.			CERTIFIC	AIL O		ST		MARYL	AND-D	HMA
1. N	AME OF DECE	ASED	D D D D D D D D D D D D D D D D D D D				ND HOUR OF DEA				Łd
			BERTHA HUS		17		IST 21, 197			7:20	PM.
3. 1	LACE IN BALT	IMORE, MAR	LAND, WHERE PRO	NOUNCED DEAD	A. STATE		nere deceosed lived.	It institution: i	esidence	before od	missian)
EII	LL NAME OF	(IE NOT I	N HOSPITAL OR IN	STITUTION, GIVE STREET		MARYLAND			1	5/2	-
HC	SPITAL OR	ADDRESS	OR LOCATION	annon, or a since	C. CITY	OR TOWN	D.	INSIDE CITY L	IMITS?	-	
114.		CONVALE	SCENT HOME			BALTIMORE		YES		NO 🗌	
1	OLIVIOII	CONTINUE	DODAY HOPE		E. STREE	T AND NUMBER					
9	10					3541 PARK	HEIGHTS A	VENUE #	2121	5	
5. S	EX	6. RACE	7. MARR	IED NEVER MARRIED	B. DATE	OF BIRTH	9. AGE (in years	If Unde	1 V-	If Hador	24 Hrs.
	FEMALE	WHIT			JAN.	1888	last birthday)	Months	Days	Hours	Min.
IDA		WHI'I	a.d	OF BUSINESS OR INDUST				12. CIT	ZEN OF	WHAT CO	DUNTRY?
	during most of v		n if retired)				,				
	RETAIL		N	ÆRCHANT		USSIA		US	A		
13.	FATHER'S NAN	A E			14. MOT	HER'S MAIDEN N	AME				
	MORRIS	HUSS			1	BESSIE EHF	RLICK				
15.	Was Deceosed	Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFOR	THAME			ADDRE	ESS	
(Yes	, no ar unknown)	(If yes, give	war ar dates of servi	ce) SECURITY NO.			PARK T	OWERS W	IEST,	APT.	706
	NO					ALBERT B.	HUSS,7121	PARK HE			
	18.4 2	3.91		CAUSE OF DE						I ONSET AN	
			ITION DIRECTLY	(eRe	b RAL	Thinn	60515		7	111	111-
		LEADING TO		· (A) IMMEDIATE C	AUSE				10	741	145,
	(This daes no	at mean lhe asthenia, etc.	made of dying, It means the dise	e.g., DIETO OP.	AS A CONSEC	QUENCE OF:					′
	injury at cam	plication which	ch caused death.)								
	A	NTECEDENT	CAUSES	(n)							
	DISEASES O	R CONDITIO	ONS, if any, gi	ving DUE TO, OR	AS A CONSE	QUENCE OF:					400 der der der der de
			use (A) staling								
	UNDERLYING	CONDITION	N last.	(c)							
7		11									
0	OTHER SIGNIF	ICANT CONDIT	TIONS CONTRIBUTE	NG NAI							
AT	DISEASE OR CO	ONDITION GIV	EN IN PART 1 (A).		120 A	LITORCY2 /V	No. 200 IF yes w	FOE FINIDING	CONSI	DEDED	
CERTIFICATIO	19A. DATE OF	OPERATION	WAS PERFORMED	OR WHICH OPERATION	20A.	AUTOPSY? (Yes ar	No) 20B. IF YES, W	CAUSES OF	DEATH?	DEKED	
ERT	0			1							
	21 A. ACCIDEN OR CONTRIBU	TING CAU	ERLYING [	21B. PLACE OF INJURY (e. home, form, factory, street,	office bldg.,	INJURY OCCUR?	(It in Bot	timore City, gi	ve exoct l	lacotion)	
CAL	DEATH (natify	medical exam	iner)	etc.)							
EDIC	21 D. TIME	(Month) (Do	y) (Year) (Hour)	21 E. INJURY OCCURRED		21 F. HOW DID II	NJURY OCCUR?				
X	OF INJURY			While At Not W							
	(AFFROX)	(APPROX.) Wark At Wark									
	22. I certify	that (I) (this	<del>-liospital)</del> ottend	ed the deceased from		28	19 / 2-10	8/21		19_	7 3
	that (I) (we)	lost sow the	deceased olive	on 8/17	19	72 ond	that in (my) (evr)	opinion dec	oth occu	urred on t	the dote
	ond hour ond	from the co	uses stated abov	e. (1) ( <del>We) (did) (</del> did not	) view the	body after deoth	1.				
	23A. SIGNATU							23B. DA	TE SIGN	ED	
	(21/h.	1/1/	.00 1. 1	hot	Attending	Med.	Shaff	0	/27	/77-	
	23C. PHYSICIA	N'S / Hee	wegue	DEGREE	Phys. 23D. ADD	Director L	Phys. LJ	0	id de		
	NAME (T	ype)/	REPT HIMEL	FARR			SPRING LAN	E			

24C. NAME of CEMETERY OF CREMATORY SHOMRA ADATH 25B. NAME OF REGISTRAR

24D. LOCATION

(City, tawn, or county) (State)

ROSEDALE, MARYLAND

ADDRESS 25C. FUNERAL DIRECTOR SOL LEVINSON & BROS.,6010 REISTERSTOWN

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	5 121		HEALTH DEPARTMENT	7	2 08118
-	72 08	118 CERTIFICA	TE OF DEATH	REG. NO	
	.NAME OF DECEASED			STATE (	F MARYLAND DHIM
11	Type or Print Shargel Julius		8	20172	1105 PM.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceosed lived. Il inst	titution: residence before odmission)
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	md.		ON TO
1	Nonutrinon		C. CITY OR TOWN		E CITY LIMITS?
	Singi Hospital		E. STREET AND NUMBER		YES NO
			45 05 Fore	23+ Park f	Ave
5	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	1 10 -	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min.
1	MIDO	WED DIVORCED	BITOWL	7.4	
1	0A. USUAL OCCUPATION (Give kind of work 108. KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	MERCHANT GEN	ERAL MDSE.	RUSSIA		USA
Ī	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
	JOSEPH SHARGEL		YETTA ?		
100	S. Was Deceased Ever in U. S. Armed Forces? es, no or unknown! (If yes, give wor or dotes of sen	1 6. SOCIAL	17. INFORMANT		ADDRESS
	NO	SECURITY NO.	MAC DEDORAL DI	1111/ FO 50 CD	
	18. /// / / / /	CAUSE OF DEATH	MRS. DEBORAH BL	ANK, 5938 CR	OSS COUNTRY BLVD.
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	/ANIMMEDIATE CAU	SE Congestive he	art faulure	
	(This does not mean the made of dying, heart foilure, asthenia, etc. It means the disc injury or complication which caused death.)	8.0.	CONSEQUENCE OF:		***************************************
	ANTECEDENT CAUSES		4.2.10	1 1	
	DISEASES OR CONDITIONS, if any, gi	(B) Hyperte	A CONSEQUENCE OF:	sauler asse	36
I	rise to the above cause (A) stating		A CONSEQUENCE OF:		
1	UNDERLYING CONDITION last.	(c)	***************************************	***********************	
11:	11				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF TH	NG NAL			
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208 IF YES WERE FIN	IDINGS CONSIDERED
	WAS PERFORMED		No	208. IF YES, WERE FIN	ES OF DEATH?
100	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in home, form, foclory, street, aff etc.)	or obout 21C, WHERE DID	(If In Boltimore (	City, give exact location)
	21 D. TIME (Month) (Doyl (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
3	OF INJURY (APPROXI	While At Work Not While			
	22. I certify that (I) (this hospital) attend	THE THORK		0 32	20
	that (I) (we) last saw the deceased alive		7 -		an death occurred an the date
	and haur and from the causes stated above	e. (i) (We) (did) (did nat) vi		, (001) 001111	an death occorded the file date.
	23A. SIGN ATURE		7	2:	3B. DATE SIGNED
	Baren M. Lieblenfeld	DEGREE Phys.	ding Med.	Shaff Phys.	8/20/72
	23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS		
1	Karen M. Lichtenfe	1d MI) DEGREE	Since Hos	6	
24	A. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or countyl (Stotel
	D. T. T	TH YEHUDA ANSHE	KURLAND BAL	TIMORE, MARY	LAND
2	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	,	ADDRESS
	AUG25 1972 Tropey	WHO WORD	SOL LEVINSON	& BROS.,6010	REISTERSTOWN ROAD
'V	150-REV. 1/1/68				

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

16	7	BALTIMORE CITY	HEALTH DEPARTMENT	-1	72 08119
	5-635 72 081	19 CERTIFICA	TE OF DEATH	REG. NO	14 COLL
	TH NO.  NAME OF DECEASED	7		D HOUR OF DEATH	OF MARYLAND DHILE
(Ту	pe or Print) REBECCA	FOR DON (TA	YLOR) AUG	21,1972	- 6 A M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where		stitution: residence before odmissian)
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN DSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Bas ma	ry lond	5300
HC IN:	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	. A II am		LLSTOWN D. INSI	DE CITY LIMITS?
10	STITUTION Conster	b.O	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	YES NO NO
17	19601 Pall mall Balt. M	21215-	E. STREET AND NUMBER	611 ORPIN R	OAD #21133 XXXX
S. 9	T	NEVER MARRIED		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	TEMALE WIDOV		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	95 <b>XXX</b> X	
11	LUSUAL OCCUPATION (Give kind of work 108, KINI to during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
		AT HOME	Kuca	a	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
	RUBIN RUBENSTEIN		NORMA ?	# Inda	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	218-20-7795	DAVE TAYLOR, 96	11 ORPIN RD	.,APT. 202 #21133
	18.4/2,31	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	Consolela	e Throngon		1 deu
	(This does not mean the made of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
	heart failure, asthenia, etc. It means the dise		1		1. 40 step
	ANTECEDENT CAUSES	Certeri	pleeder Ha	M descap	o par
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	00000000000000000000000	
	rise In the above couse (A) sloling UNDERLYING CONDITION lost.	The	Jun		
		(c)			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG	hose		
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A).				
1 1 2 3	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE I	INDINGS CONSIDERED
RTIFIC	( )		n	IN CERTIFIING CAT	USES OF DEATH?
AL CERTIFI	21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., inome, form, foctory, street, or etc.)	n or obout 21C. WHERE DID ince bidg., INJURY OCCUR?		USES OF DEATH?  e City, give exoct locotion)
CERTIFI	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Doy) (Year) (Hour)	home, form, foctory, street, of	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If In Boltimore	JSES OF DEATH?
CAL CERTIFI	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	home, form, foctory, street, of etc.)  21 E. INJURY OCCURRED  While At Not While	21F. HOW DID INJU	(If In Boltimore	JSES OF DEATH?
EDICAL CERTIFI	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	home, form, foctory, street, of etc.)  21E INJURY OCCURRED  While At Not Whil At Work	21F. HOW DID INJU	(If In Boltimor	JSES OF DEATH?
EDICAL CERTIFI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this-hospital) attends	home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While Work  Not While At Work  Hed the deceosed from	21F. HOW DID INJU	(If In Boltimore	uses OF DEATH?  e City, give exoct locotion)
EDICAL CERTIFI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attends that (I) (we) lost sow the deceased alive	home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceosed from  on	21F. HOW DID INJU	(If In Boltimore	JSES OF DEATH?
EDICAL CERTIFI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above	home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceosed from  on	21F. HOW DID INJU	(If In Boltimore	uses OF DEATH?  e City, give exoct locotion)
EDICAL CERTIFI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attends that (I) (we) lost sow the deceased alive	home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceosed from  on.  (e. (I) (We) (did) (did not) while At Work  Attention Attent	21F. HOW DID INJU	(If In Boltimore	e City, give exoct location)  2 / 19 72  nion death occurred on the date
EDICAL CERTIFI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) oftend that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE	home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  led the deceosed from	21F. HOW DID INJU	(If In Boltimore	e City, give exoct location)  2/ 19 72  nion death occurred on the date
EDICAL CERTIFI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE	home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  led the deceosed from	21F. HOW DID INJU	(If In Boltimore	e City, give exoct location)  2/ 19 72  nion death occurred on the date
MEDICAL CERTIFI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) MANUEL  A. BURIAL CREMATION, 24B. DATE 24	home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceosed from	21F. HOW DID INJU	(If In Boltimore URY OCCUR?  9 12 to option of the option	e City, give exoct location)  2/ 19 72  nion death occurred on the date
MEDICAL CERTIFI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  24B. DATE	home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  led the deceosed from	21F. HOW DID INJU	(If In Boltimore URY OCCUR?  9 72 to at in (my) (our) opin Shaff	uses of DEATH?  e City, give exoct locotion)  19 72  nion death occurred on the date  23B, DATE SIGNED  8/2////  15, lown, or county) (State)
MEDICAL CERTIFI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, REMOVAL (Specify)  BURIAL (Specify)  8/22/72	home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceosed from	21F. HOW DID INJU	(If In Boltimore URY OCCUR?  9 12 to option of the option	uses of DEATH?  e City, give exoct locotion)  19 72  nion death occurred on the date  23B, DATE SIGNED  8/2////  15, lown, or county) (State)
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INCLUDED TO SERVE

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11							
	1-100	72	38120		HEALTH DEPARTMENT		72 08120
ВІ	RTH NO.			CERTIFICA	TE OF DEATH	REG. NO.	OF MARYLAND-DHMH
	NAME OF DECEASED		1.	1	2. DATE	AND HOUR OF DEATH	38
	Lei	17, Ge	RTRUC	te s.	au	9 22,19	17 1 1 1
3.	PLACE IN BALTIMORE	, MARYLAND, Y	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE IN	where deceased lived. If in	nstitution: residence before odmission).
FL H	OSTITAL OK A	NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND	STALTE	0 631
III	NOITUTIES				C. CITY OR TOWN	m.I	IDE CITY LIMITS?
	MONTEBELLO	STATE HOS	SPITAL		E. STREET AND NUMBER	1110.	YES NO
	11				4306 D	ANLOU DR.	
5.	SEX 6. RAC	E	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 His.
	FEMALE V	HITE	WIDOWED	DIVORCED T	8/2/12	last birthdoy) 60	Months Doys Hours Min.
10/	A. USUAL OCCUPATION  ne during most of working I	(Give kind of worl	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE	ne, even a remed,	AT H	IOME	NEW YORK		USA
13.	FATHER'S NAME		7(1 1)	IOTIL:	14. MOTHER'S MAIDEN	VAME	100%
	JOSEPH GO	LDES			LIZZY	?	
15.	Was Deceased Ever in	II S Amed For	ces?	1 6. SOCIAL	17. INFORMANT	•	ADDRESS
ITE	s, no or unknown) (II yes,	give wor or dote	s of service)	SECURITY NO.			
-	NO			118-18-7913 CAUSE OF DEATH	MR. SOL LEVY,	4306 DANLOU	
	1///	I ONDITION DII	ECTIV	CAUSE OF DEATH	•		BETWEEN ONSET AND DEATH
	LEADIN	IG TO DEATH		(A)IMMEDIATE CAU	· astrace	itama,	mas
	(This does not meon heout failure, asthenia	the made of	dying, e.g.,		CONSEQUENCE OF:	1	
	injuly of camplication	which caused	death.)	Right	Temporal	Lake	
		DENT CAUSES		(0)	4	V 0- 0C	
	DISEASES OR CON	NDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	*****************	
	rise to the above UNDERLYING CONI	oition last.	slaling the	(c)			
				( 7/			***************************************
ON	OTHER SIGNIFICANT C	ONDITIONS COL	TRIBUTING				i
CAT	IDISEASE OR CONDITIO	N GIVEN IN PAR	1 (A).	***************************************			**********
ERTIFICATION	19A. DATE OF OPERAT	WAS PERF	ORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
CER	21A ACCIDENT WAS	UNDERLYING	218	PLACE OF INITIDY (o.c. le	ar obout 21 C. WHERE DID		
CAL	OR CONTRIBUTING DEATH (notify medical	CAUSE OF	home	e, farm, loctory, street, of	ice bldg., INJURY OCCUR?	(II In Boltimore	City, give exact lacation)
		(Day) (Year)					
MEDI	OF INJURY (APPROX)	(50)		INJURY OCCURRED  Not While	21F. HOW DID I	NJURY OCCUR?	
			Worl	k L At Work		- 95	
	22. I certify that (I)	(this haspital)	attended th	e deceased fram	July 75	19 7 to Qu	9127
	that (I) (we) last sa			V 1	19and	that in (my) (our) opin	ton death occurred an the date
	and haur and from the 23A. SIGNATURE	ne causes state	ed abave. (I)	(We) (đid) (did nat) vi	ew the bady after death	16	
	A CONTRACTOR	1. 6		no 10 Atten	ding 🖂 Had 🖂	0.4	23R DATE SIGNED
	23C. PHYSICIANS	- M.C	nevas	DEGREE Phys.	Director L	Staff Phys.	8-27-7]
	23C. PHYSICIAN'S NAME (Type)	1.4		MD 2	D. ADDRESS	state.	
24A	CORAZON BURIAL CREMATION		UEV	AS DEGREE	manuscus	70-000	
	REMOVAL (Specify)			ME of CEMETERY of CREA			y, lown, or county) (State)
25A	BURIAL DATE REC'D BY HEAD	8/23/72	OHR	KNESSETH ISRA	EL ANSHE SFARE		, MARY LAND
			ZIA NAME O	F REGISTRAR	25C. FUNERAL DIRECTO	117	ADDRESS
VS	AUC 25 1072	Theda	us the she	Spair	Hahr FEATNEON	OF BROS.,6010	REISTERSTOWN ROAD

NO

118-18-7913 MR. SOL LEVY, 4306 DANLOU DRIVE #21207

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

D BALTIMORE CIT	TY HEALTH DEPARTMENT
BIRTH NO.	ATE OF DEATH REG. NO. 72 08121
(Type or Print) EDNA R. BASS	8-21-72 @ 9pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY MARYLAND
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Levindale HEBREW HOME AND GENIATE	
9 CENTRE.	E. STREET AND NUMBER
S. SEX   6. RACE   7. MARRIED   NEVER MARRIED	3939 CLARKS LANE, APT. C #21215  8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr., If Under 24 Hrs.)
S. SEX  6. RACE WHITE WIDOWED DIVORCED	9. AGE (In years lost birthdoy) 12-3-1892 9. AGE (In years Months) 14 - 3-1892 79  SECOND If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	TY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE AT HOME	BACTIMORE MD. 4.5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JULIUS STEIN	LENA SACKS
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   (Yes, no or unknown) (If yes, give wor or dotes of service)   SECURITY NO.	17. INFORMANT ADDRESS
NO 212-26-0729	MRS. DORIS YULMAN, 7013 PLYMOUTH RD.#21208
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	AUSE adeno careinoma of unknown s'ACONSEQUENCE OF Wary With duration duration on any artery disease years?
ANTECEDENT CAUSES (B) Cor	mary artery disease years?
DISEASES OR CONDITIONS, if ony, giving DUETO, OR A	AS A CONSEQUENCE OF:
UNDERLYING CONDITION losi, (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING    21B. PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID (If in Boltimore City, give exoct location) office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not W	
22. I certify that (I) (this haspital) attended the deceased fram	8-9 1972 10 8-2/ 1972.
that (I) (we) last saw the deceased alive an 8 -2 1	19 7 2 and that In(my) (aur) apinlan death accurred an the date
and haur and fram the causes stated above. (1) (We) (did) (did nat)	
23A. SIGNATURE	23B, DATE SIGNED
	thending Med. Staff Nys. Staff Staff Staff Nys. Staff N
SOON CHUL HONG	23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 8/23/72 BALTIMORE HEBRI	BALTIMORE, MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC, FUNERAL DIRECTOR. ADDRESS
AUG25 19/2 Propy monor	O SQL LEVINSON & BROS.,6010 REISTERSTOWN ROAD

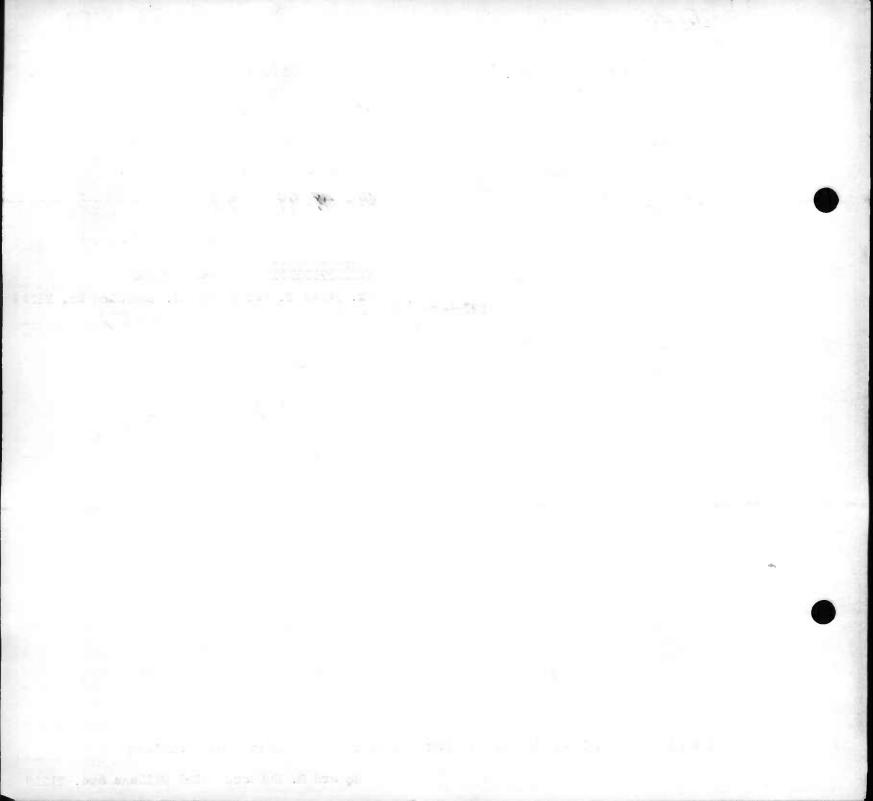
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the course parties of the course of another course of the course of the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH of death Deceased ce on the Such pup BIRTH NO 1. NAME OF DECEASED DATE AND HOUR (Type or Print) 2 hospital 2 death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where decease attendance (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (4) Undetermined cause; C. CITY OR TOWN 0 O Secouls Hospital = prior contributing occurred in regular is made 5. SEX 6. RACE 9. AGE (I 7. MARRIED T NEVER MARRIED deceased lost birthd Fem WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State of foreign country disposition death done during most of working life, even if refired) OF Was the 13. FATHER'S NAME FOSTER KOUT Za EM death PO kind; 16. SOCIAL SECURITY NO. 217-26-6308B 7. INFORMANT Mr. James or final (Yes, no or unknown) (If yes, give wor or dotes of service) Hardy, attendance dny pronounced 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embaimed (3) A fracture of LEADING TO DEATH CH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF regular injury or complication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the at a hospital (except where the physician UNDERLYING CONDITION last the remains a medical any nature; (2) Body burns; (6) No physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No! 20B. IF before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, larm, foctory, street, affice bldg., INJURY OCCUR? the body was released to the hospital MEDICAL DEATH (notily medical examined obtained 21D, TIME (Month) (Doy) (Yeor) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCC Not While While At (APPROX.) and Work 22. I certify that (1) (this hospital) attended the deceased from 20 death); that (1) (we) lost sow the deceased alive on\_ and that In (my) shows: (1) An accident of must and hour and from the causes stated above. (1) (We) (dld) (dld nat) view the bady after death. 23A, SIGNATURE Attending | Med. eceased prior to written approval Phys. Director 23C. PHYSICIAN'S NAME (Type) certificate 23D. ADDRESS Bon Secours was D.O.A. 24A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION 8-25-1972 Buria1 Loudon Park Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/68

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OF DEATH	OF MARYLAND-Lund
72	200 AM.
d lived. If ins	titutions residence before admission)
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D. INSIE	YES NO
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100	St.
yeors	Months Doys Hours Min.
3	12. CITIZEN OF WHAT COUNTRY?
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	USA
	RENCH
478 S.	Bentalou St. 21223
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	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
renery	
embo	0 ·
-1100	
ES, WERE FIL	NDINGS CONSIDERED SES OF DEATH?
I In Boltimore	City, give exoct location)
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JR?	
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	on death accurred an the date
7 / 2	38, DATE SIGNED
Intern	87 22 1 197 2
hospita	B1 22 1 1972 J. Baltimore. Md.
	town, or county! (Stotel

ADDRESS



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Such deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

1	)			BALTIMORE CITY	HEALTH DEPARTMENT		72 08422	
	=260 HNO.		0812	3 CERTIFICA	TE OF DEATH		OF MARYLAND-I	)His
	AME OF DECE	RALPH	A. P.	AKER	81	AND HOUR OF DEATH	3.	25- PM.
3. P	LACE IN BALT	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COL	here deceased lived. If	institutions residence bef	ore admission)
FU I	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	HATZY CAND	1-16	SIDE CITY LIMITS?	011
1142	MARY	CAND GEN.	HOSP		FREDERIUC	0. 110	YES X NO	
1		LUNDEN A			E. STREET AND NUMBER			
	1 8 BAH	. OIM , OTS	2120		West South	Street		
5. S	lale	WHITE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	SIDATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hou	Under 24 Hrs.
10A.	USUAL OCCU		TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	teign country)	12. CITIZEN OF WH	AT COUNTRY?
done		rorking life, even if refired)			MARYCANS		U.S.	A.
13. 6	Unkno				14 MOTHER'S MAIDEN N			-4
	No	PRIS 19A		(220 10 5693)	FANNIC	ANNE	9000000 Mu	urphy
5. V	Vas Deceased ,no or unknown)	Ever in U. S. Armed For ill yes, give war or date	ces? s of service)	SECURITY NO.	17. INFORMANT		ADDRESS HONEY B	roel
	20			212-10-5693	MRS. FICHAPO	BAKER	PA.	
	18.3-1	9 5		CAUSE OF DEATH	1	IDD	OFFICE OLD	ATE INTERVAL
		E OR CONDITION DI	RECTLY		7	CV ARREST	-	
		LEADING TO DEATH of mean the mode of	dutan an	(A) IMMEDIATE CAU		ICY ALKEST	- 2 d	45
	heart failure, c	usthenia, etc. it means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:			0
	injury or com	plication which caused	decthi		01 1 1 1 1	7	6	
	A	INTECEDENT CAUSES		(B) Chromic		Winnery 1	lyage year	iz
		R CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	Ü		
		condition last	stating the	10 agrinos	tran Pharming	>-	Cons	days
		11						
중	OTHER SIGNIFI	CANT CONDITIONS CO	NTRIBUTING	Acres (	ps, Stypultus			
CATION	TO THE DEATH DISEASE OR CO	H BUT NOT RELATED TO TO	HE TERMINAL	FISCUD,	1, saller mi	M FOR		
CERTIFIC	19A-DATE OF	OPERATION 19% CON WAS PER	DITION FOR 1	WHICH OPERATION	20A-AUTOPSY? (Yes or	No. 208. IF YES. WERI	FINDINGS CONSIDER AUSES OF DEATH?	ED
- 6	21A. ACCIDEN	T WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	(il in Baltim	ore City, give exact locat	ion)
MEDICAL	DEATH (notify	medical examined	elc	tann, raciory, sheet or	ince pings intout occors			
ŏ	21D. TIME	(Month! (Doy) (Year)	(Hour 21E	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
٤	OF INJURY			ile At Work	• 🗆			
	DESCRIPTION OF THE PROPERTY OF	.1 . /45 /.1 . 1	Wo		Ougust 18	10 72 to	huer II	19 72
		that (t) (this hospita		he deceased from		_1Ato	4	
	that (i) (we)	last saw the decease	ed alive on_	The state of the s		that in (my) (our) of	inton death occurre	d on the date
	and hour and	from the causes sta	ted above. (I	W(We) (did) (did not) v	lew the body after death	le		
	23A. SIGNATU	RE don	011	. HD			238, DATE SIGNED	
				DEGREE Phys	nding Med.	Staff Phys.	8/201	12
	23C. PHYSICIA NAME (T)	PEMAL	CAPU		230. ADDRESS 827 LINIX	EN AVE	. PACTO.	MP.
24A	. BURIAL CREA	MATION, 248. DATE	24C.N.	DEGREE AME OF CRI	MATORY 124D.	LOCATION I	City, town, or county!	(Stotet
	REMOVAL (S	pecifyt	110				m 1	16.
	Burial DATE REC'D	8/214/72		unt Olivet Cer	netery   Fin		Frederick	Md.
- 37	MIC95	1072	1 My 12	hardens a			FORD FUNERAL I	
165	AUGAJ	13/2 /0/00	A STAN	45 A. M. A.	Tomeri, Ender	I, NLLIYET, DAS	OND FUNERAL I	TUME
A 2	150-REV. 1/1/6	0.0	1					

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Lonfair Fig.

- 12.

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? YES A NO 21201 If Under 1 Yr. Months: Doys If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exoct location) and that In(my) (aur) apinion death occurred on the date 23B, DATE SIGNED (City, town,

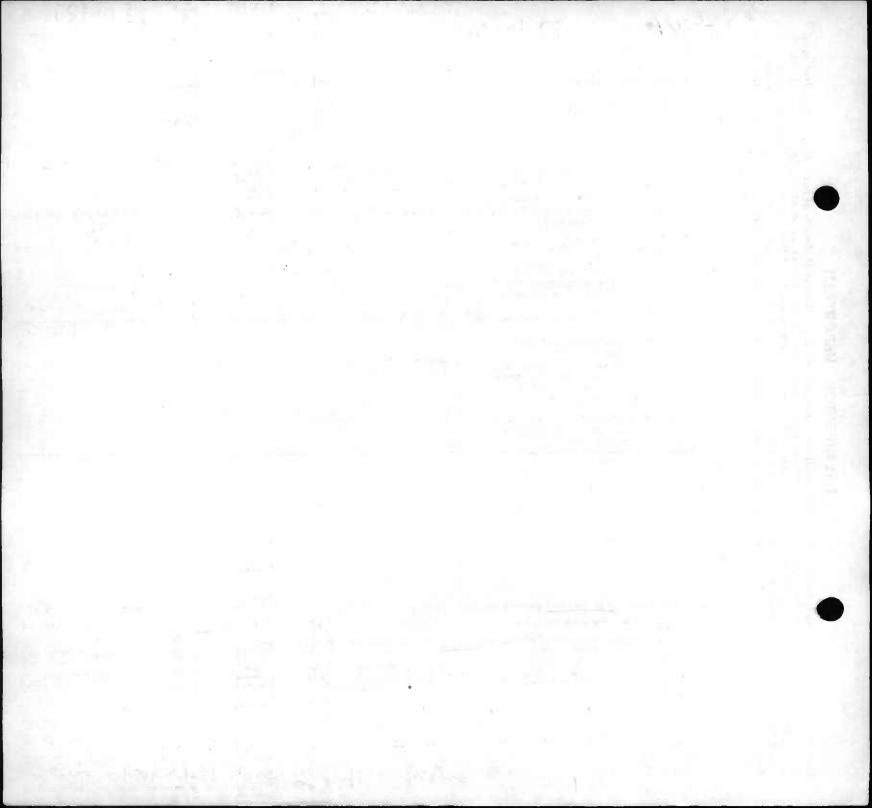
201 of House and purchase of which the

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## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	1/		17/5	2 08125					
	TH NO.	72 (	8125 CERTIFICA		REG. NO.	MARYLAND-DHMH			
	pe or Print)	1 . M			HOUR OF DEATH				
2	PLACE IN BALTIMORE	141) //(	arian H.	8-23-72 3 04 AM.  14. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)					
FU	LL NAME OF RE	NOT IN HOSPITAL OF	INSTITUTION, GIVE STREET	A. STATE B. COUNT	Y	residence before odmission)			
HE	SPITAL OR AD	DRESS OR LOCATION	-1	C. CITY OR TOWN  D. INSIDE CITY LIMITS?					
2	Johns H	ookins	Hospital	E. STREET AND NUMBER					
	3011113	o paries	10-pt.1001	742 N. Kenwood Avenue					
5, \$	EX 6. RACE	7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9.	. AGE (In years   If Uni	der 1 Yr., If Under 24 Hrs.			
	Female C	2110	OWED DIVORCED	4/20/01	ast birthday) 71 Manth	s Doys Hours Min.			
10A	USUAL OCCUPATION	(Give kind of work 10B, k	IND OF BUSINESS OR INDUSTRY	11. BLRTHPLACE (State or loreign	n country)  12. Cl	TIZEN OF WHAT COUNTRY?			
	during most of working lin			Pamsylvania USA					
13.	Plair B	Smite	1	Flicaketh V. Kendia					
15.	Was Deceased Ever in , no or unknown! (If yes,	U. S. Armed Forces?	16. SOCIAL	17. INFORMANT A ADDRESS A					
(161	NO III Yes,	give war at actes of s	181 1605 W	Chentes A.G	Fall 624 N. F	Conwood Here.			
	18, 199, 6	1	CAUSE OF DEAT			APPROXIMATE INTERVAL			
	DISEASE OR C	ONDITION DIRECTL	r		ī	BETWEEN ONSET AND DEATH			
	(This does not mean	G TO DEATH	(A) IMMEDIATE CAU		atosis				
	heart failure, asthenia	etc. It means the d	sease.	A CONSEQUENCE OF:					
	injury or camplication			- 1- 1-1	· /				
	ANTECEDENT CAUSES  (B) Conjestive Heart Failure								
	DISEASES OR CONDITIONS, if any, giving Due to, OR AS A CONSEQUENCE OF								
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)								
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
AT	TO THE DEATH BUT NO DISEASE OR CONDITIO	OT RELATED TO THE TERI N GIVEN IN PART 1 (A)	MINAL						
CERTIFICATION	19A-DATE OF OPERAT	N 198 CONDITION	FOR WHICH OPERATION	20A. AUTOBSY? (Yes or No)	208 IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?			
2	21 A. ACCIDENT WAS	UNDERLYING	21B PLACE OF INJURY le.g.	or about 21 C. WHERE DID	(If In Baltimore City, g	Ive exact facotion)			
¥	DEATH (notify medical examined lets.)			ice bidg., INJURY OCCURY					
	21D-TIME (Month)	(Doyl (Year) (Hou	1 21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
X	OF INJURY (APPROX)		While At   Not While						
	Work Al Work								
	22. I certify that (I) (this hospital) attended the deceased from 1972 to 8/23 1972								
	that (1) (we) last saw the deceased alive on 8/23 19 72 and that in (my) (our) apinion deoth occurred on the date								
	and hour and fram the causes stated abave. (1) (We) (dld) (did not) view the bady after death.								
	23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Stoff Str. 8/23/72								
	Harry K	hys. 27	3/23/72						
	23C. PHYSICIANS NAME (Type)  23D. ADDRESS								
	Harry K. Jacobson, M.D.   The Johns Hopkins Hospital								
24A	BURIAL CREMATION,		246 NAME of CEMETERY OF CRE	MATORY 24D. LOC	CATION, (City, towns	or caunty) / (State)			
product infective of 10-72 Parity of Carlot									
OLA DATE SECUE DA UEAL CONTROL DE									
AUG25 1972 Dry Walter of Registration of the 11 70 was 124 Ches Aco Aco									
	VS 150-8FV- 1/1/68								

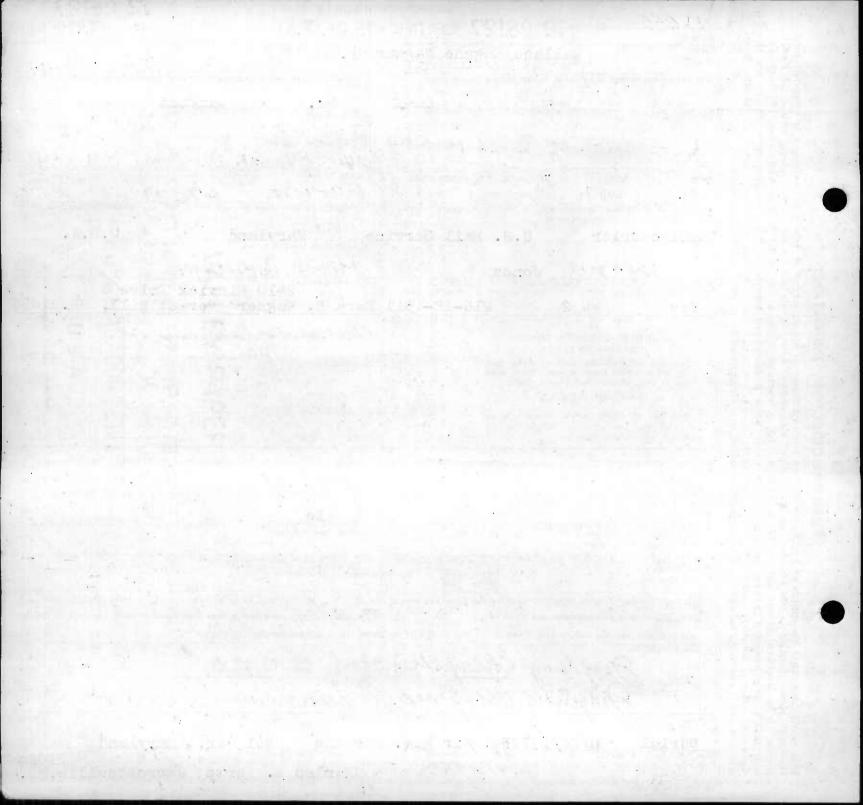


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

1		72 0040	BALTIMORE CITY	HEALTH DEPARTMENT	4	72 08126			
BIRTH	-363 Incharda	72 0812	CERTIFICA	TE OF DEATH	REG. NO.	OF MARYLAND-DHMH			
1.NA	or Print) Wend	nay A	Stewerr	2. DATE	ND HOUR OF DEATH	19605 A.			
3. PL	ACE IN BALTIMORE, MARYLAN	D, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE TWO	nere deceased lived. Il ins	stitution: residence before admission)			
HOS	NAME OF (IF NOT IN H	OSPITAL OR INSTITUTE LOCATION)	JTION, GIVE STREET	C. CITY OR TOWN	HA INSI	DE CITY LIMITS?			
13		mis Ho	in tal	Have De Grace YES NO					
C	10 mals 110f			E. STREET AND NUMBER PO . PLO X 124					
5. SE	FIN	WIDOWED	DIVORCED	06,04.67	9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.			
done d	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY e during most of working life, even if refired)			11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY			
13. FA	WALTER STEWAR	RT		14. MOTHER'S MAIDEN N. SHERRY					
	os Deceased Ever in U. S. Armos orunknown) lif yes, give war		SECURITY NO.	17. INFORMANT		ADDRESS			
C h	injury or camplication which caused death.)  ANTECEDENT CAUSES  (B)			SE Pleural CONSEQUENCE OF:	effusion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  DOUGLAL WELLOW  > One year			
l n	se la the above cause JNDERLYING CONDITION las	(A) stating the	(c)	A CONSEQUENCE OF		P800000000			
HEIT	II THER SIGNIFICANT CONDITION O THE DEATH BUT NOT RELATED ISEASE OR CONDITION GIVEN I	TO THE TERMINAL	***************************************	***************************************					
RTIFIC	A DATE OF OPERATION 198 WA	CONDITION FOR V	VHICH OPERATION	20A AUTOPSY? (Yes of No.) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
A O	A ACCIDENT WAS UNDERLY R CONTRIBUTING CAUSE OF EATH (natily medical examiner)	F 218.	e, larm, factory, street, of	or obout 21 C. WHERE DID	(If In Bolilmore	City, give exact location)			
30	FINJURY (Month) (Doyl APPROX.)		INJURY OCCURRED Not White	21F. HOW DID IN	JURY OCCUR?				
th	22. I certify that (I) (this hospital) attended the deceased fram Aug 1972 ta Aug 1972 ta that (I) (we) last saw the deceased alive an Aug 17 1972 and that in (my) four) opinion death accurred on the date and hour and from the causes stated above. (I) (We) (did) (did nat) view the bady after death.								
	A SIGNATURE TENE	tug 19, 1017							
	PAME (Type) TEODORO FORCHTI- DAOI M.D. DEGREE JOHNS HOPKINS HOPKINS HOPKINS								
be	BURIAL CREMATION, 24B. DA' REMOVAL (Specify)  MUGTOU  DATE REC'D BY HEALTH DEPR	12 24C.NA	ME of CEMETERY of CRE	MATORY 24D.  MATORY  1250 FUNERAL DIRECTO	Balto a	Clary and ADDRESS			
1	AUG25 1972 /	idney (73)	Without o	Harrey of	Welfy Cou	useque An			

THE STATE OF THE S

					BALTIMORE	CITY HEALT	1 DEPARTME	NT		72 081	2.7
	BIRTI	7 256 H NO.	72	0813	27 CERTIFIC	CATE C			STATE O	F MARYLAND	-DHW
		AME OF DECEA	Wagner	age E	vgene Wagn	er Sr.	2. DA	Aug. 2	R OF DEATH	20 PM 19	12. P.M.
	3. PI	LACE IN BALTI	MORE MANUAND, V	WHERE PRON	OUNCED DEAD	A. STA	AL RESIDENCE B.	COUNTY	sed lived. If in	stitution: residence b	refore odmission)
	HOS	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INST	ITUTION, GIVE STREET		Md. OR TOWN	,	arford	IDE CITY LIMITS?	200
1	3	South	13 alt more	Gluero	of Hospita	E. STRE	ET AND NUM	BER	0 7		• <u>\</u>
	_					1	O. Min			rest Hill	MD.
	5. SE	ix M	S. RACE		NEVER MARRIED		0 F BIRTH	last birt	(In years		ours Min.
			PATION (Give kind of wor orking life, even if retired)	1	DIVORCED OF BUSINESS OR INDU				itry)	12. CITIZEN OF W	HAT COUNTRY?
	Ma	ail car	rier		Mail Serv		Mar. Mar	yland		U.S.	Α
			an lase	T		M	innie	Da. do.	12 00		
	15. W	Vos Deceosed B	ver in U. S. Armed Fo	Jones	1 6. SOCIAL		PAAANT	Puffem	//	. ADDRES	S
		Yes	Of yes, give war or dat		SECURITY NO. 216-18-151	1 Sara	24 M. Wa	10 Mir		rive Hill, M	a 21050
	-	1B. / / //	9 1		CAUSE OF D	FATH				APPROXI	MATE INTERVAL
			OR CONDITION D			1 mi	tastal	The Com	s'noma	7	JNSCI AND DEATH
			EADING TO DEATH I mean the mode at		(A) IMMEDIATE	CAUSE R AS A CONSE	QUENCE OF: /	panco	LAN.		
			sthenio, etc. 11 means lication which cause		e,						
		A	NTECEDENT CAUSE	S	(B)						
			CONDITIONS, if above cause (A)		DUE TO, O	R AS A CONS	EQUENCE OF:				
		UNDERLYING	CONDITION lost,		(c)						
	<u>ĕ</u>	TO THE DEATH	CANT CONDITIONS CO	THE TERMINA							
			OPERATION 19B. COI		WHICH OPERATION	20A.	AUTOPSY? (Yes	or No) 20B. IN C	IF YES, WERE ERTIFYING CA	FINDINGS CONSIDUSES OF DEATH?	ERED
	U	OR CONTRIBUT	T WAS UNDERLYING [TING CAUSE OF	h	IB PLACE OF INJURY (come, form, foctory, streetc.)	e.g., in or about et, office bldg.	121C. WHERE INJURY OCC	DID UR?	(If In Boltimor	re City, give exact loc	cotion)
3	0	21 D. TIME OF INJURY	(Month) (Doy) (Year)	) (Hour) 2'	E. INJURY OCCURRED		21 F. HOW D	ID INJURY O	CCUR?		
	2	(APPROX.)				While Work					
		22. I certify t	hat (1) (this haspita	al) attended	the deceased fram_	308 -	-	19 2		8-23	1922,
			ost sow the deceos						ny) (our) opi	nlan deoth occur	red on the dote
2		ond hour ond		ated obove.	(I) (We) (did) (did n	ot) view the	body ofter d	eoth.		23B, DATE SIGNED	
		237. 3101171 01	Hong Sun	a Ch	ang M.D	Attending Phys.	Med. Director	Staff Phys		8-2	3-2
	1	PHYSICIAL NAME (Tyl	Jong Sun	ng Cu	lang Mo	23 D. AD	batt !	Baltmor	n Gen	ral Hos	pipal.
1	24A.	BURIAL CREM	ATION, 2/8. DATE	0 24C.	NAME of CEMETERY O	CREMATOR		24D. LOCATIO	ON (C	ty Jown, or county?	(State)
			- 1								
)	25A.	Burial	8/26/1	972Be		Garde	ENS	Bel Aj	r, Ma	aryland	RESSOR
			8/26/1 BY HEALTH DEVT. 972 Judy			25C	ens FUNERAL DIR arles E	RECTOR		aryland ADDI rrettsvil	RESS 21084



## FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician wha pranaunced death was in regular attendance on the deceased prior to death); and (6) Na physician was in regular attendance an the deceased prior to death. Such written appraval must be obtained befare the remains are embalmed ar final dispasition is made. This certificate must be appraved by the chief medical examiner ar his assistant if death accurred in a hospital and the bady was released to the hospital by a medical examiner. Also, if the direct ar contributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1/-	-	0	BALTIMORE CITY	HEALTH DEPARTME	NT	79 68190
H-22	5	2 0815	8 CERTIFICA	TE OF DEA	TH REG. NO.	72 US128
BIRTH NO.	DECEASED		021(11110)		ATE AND HOUR OF DEATH	Variety and the same of the sa
(Type ar Print)		Chaiat	ian Hansen			13   0.10 P.
3. PLACE IN	BALTIMORE MARYLAN			4. USUAL RESIDENC		institution: residence before admission
FULL NAME HOSPITAL OR		OSPITAL OR INSTI	TUTION, GIVE STREET	Maryland	COUNTY	1102
HOSPITAL OR	ADDRESS OR	LOCATION)		C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
90				Baltimor		YES NO 🗌
	e In The P	ines (Bo	elair)		harles St	
Male	6. RACE Cauc	7. MARRIED	NEVER MARRIED TO DIVORCED	NOV BIRTO	1889st birthdox	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
			F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or fareign cauntry)	12. CITIZEN OF WHAT COUNTRY
Retire	d Seaman		mant Marine	Denmark		U.S.A.
13. FATHER'S	NAME			14. MOTHER'S MAID	EN NAME	
?		Har	nsen	U	nknown	
S. Wos Decea	sed Ever in U. S. Arme	d Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unkn	own) (If yes, give wor o	dotes of service	SECURITY NO.	Mrs Eleio	But 7 6820 0	ld Harford Rd
118. / / /		12 2	CAUSE OF DEAT		Butz Ooky O	APPROXIMATE INTERVAL
UNDERLY OTHER SIG	OR CONDITIONS, The abave cause ing Condition last  III CONDITION IN INTERPRETATION IN INTERPRETATION IN INTERPRETATION GIVEN IT IN INTERPRETATION INTE	GOMERUTING	(c)	A CONSEQUENCE OF	Oly Mate E.	hagigi 4 eplai,  — 3 weels
	OF OPERATION 198.		WHICH OPERATION	20 A. AUTOPSY? (Ye	s or No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONT	DENT WAS UNDERLY! RIBUTING CAUSE Of	NG 21 F ho	B. PLACE OF INJURY (e.g., i ome, form, factory, street, o c.)	n or obout 21 C. WHERE ffice bldg., INJURY OCC	DID (If in Boltimo	ore City, give exoct lacotion)
21D. TIME	(Month) (Doy) (	Yeor) (Hour) 21	E. INJURY OCCURRED	21F. HOW D	DID INJURY OCCUR?	
OF INJUR			/hile At Nat While At Work	• 🗆 🗸	,	
				2/6	/ 22	0/11/ 22
that (1) (1	ify that (1) (this has ) last saw the dec	eased alive an	0			vinian death accurred an the dat
23A. SIGN			(1) (212) (312 1101)	/		23B, DATE SIGNED
/	TILL B	Bruste	Ath	ending Med.	Stoff [	8/24/2
22 C BLIVE	CLANES	- Try	GE GREE Phy	s. Director	Phys.	101-1110
23 C. PHYSI NAM	Albert B	Bradley	M.D. DEGREE		air Rd Balt	imore, Maryland
24A. BURIAL			NAME of CEMETERY OF CR		24D. LOCATION (	City, town, ar caunty) (State)
-	ation 8/2	1/72 6	reenmount		Baltimore,	Marvland
	C'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DI		ADDRESS
AUG25	1972 Did	wey for he	vitory			Baltimore, Md
VS 150-REV. 1	/1/68	11		600		

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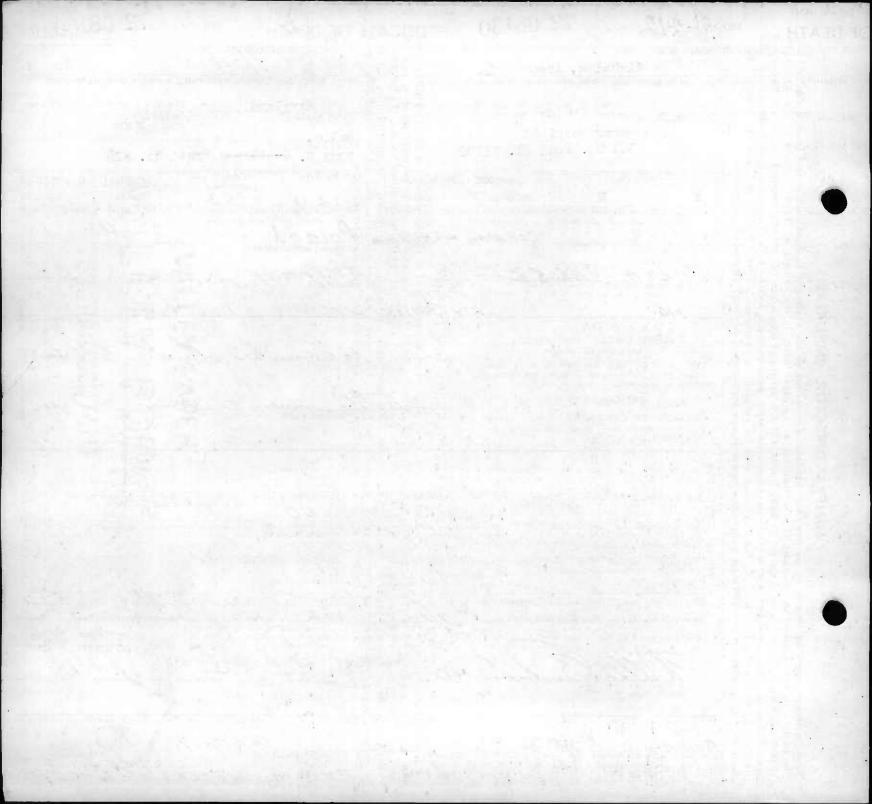
This certificate must be approved by the chief medical examiner or his assistant if death wateried in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BERT NO.  CERTIFICATE OF DEATH  REG.NO.  TO DECEASED  STATE OF DECEASE	4-612 72 08	A DO BALTIMORE CITY	HEALTH DEPARTMENT	4	72 08129
LANAM OF PECKAND   Beale N.   Peckan	17 810	CERTIFICA	TE OF DEATH	-	OF MARYLAND-DHIM
FULL NAME OF ADDRESS OR LOCATION OF LOCATION OF STREET ADDRESS OR LOCATION OF		Harfit	2. DATE AN		The Management Dillion
FULL NAME OF ADDRESS OR LOCATION OF LOCATION OF STREET ADDRESS OR LOCATION OF	3. PLACE IN BALTIMORE MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	LS 12	stitution: residence helpse admission
Carry of Notes of Education   Carry of Notes   Carry of			A. STATE B. COUN	111	. 1
E. STREET AND NUMBER   CAPTURE   C	HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET			
SEX   S. RACE     MARRIED   NOVER MARRIED   S. DATE OF BIRTH   D. DATE OF DATE OF BIRTH   D. DATE OF BIRTH   D. DATE OF BIRTH   D. DATE OF DATE OF BIRTH   D. DATE OF	Viadala Mursing	llames	Baltimore	County	YES NO P
S. SER   S. BACE   P. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   P. AGE S. DITTER   I. Under 1. YE. J. WIDOWED   J. DIVORCED   J. J. 1897   S. AGE S. DITTER   J. Under 1. YE. J. Min. Monibs Days Hours   Min. Monibs Days		+		rRA I NIA	- pp. 5300
IDA USUAL OCCUPATION (Give kind of work) [Jak kind of Pusiness or Industry 1]. BIRTHPLACE (Stole or foreign country)    12. CHIZEN OF WHAT COUNTRY	E CEN V DAGE //P	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
AMOUNT   ADDRESS   ADDRESS   AMOUNT   ADDRESS   A			4-21-1891	8	
13. WOLD DESCRIPTION   13. Amed Forcest   14. MOTHEYS MAIDEN NAME   15. WOLD DESCRIPTION   15. WOLD DESCRIPTION   16. SOCIAL   16. SO		D OF BUSINESS OR INDUSTRI	Da -	gn country!	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., then follow, cathering, inc. it means the disease, injury or complication which coused death,)  ANTECEDENT CAUSE  DISEASE OR CONDITIONS, if any, giving rise to the observe cause (A) stoling the UNDERLYING CONDITION lost.  (a)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  OTHER SIGNIFICANT CONDITION SC.  (b)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  (c)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  (a)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  (b)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  (c)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQ	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	1454
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., then follow, cathering, inc. it means the disease, injury or complication which coused death,)  ANTECEDENT CAUSE  DISEASE OR CONDITIONS, if any, giving rise to the observe cause (A) stoling the UNDERLYING CONDITION lost.  (a)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  OTHER SIGNIFICANT CONDITION SC.  (b)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  (c)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  (a)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  (b)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  (c)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQ	JUSERU CAPLE		MININE	BI REDT	_
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DEATH (notify medical examine)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work  22. I certify that (I) (this haspital) attended the deceased from	U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INITIBY (a.g. In	or should C WHERE DID		
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and haur and from the causes stated abave. (1) (We) (dld) (did not) view the bady after death.  23A. SIGNATURE  Attending Med. Staff B-23-72  23C. PHYSICIAN'S NAME (Type)  A. Baykaller, M.D.  23D. ADDRESS  ACCEPT: 1. Baykaller, M.D.  23D. Mc Mechen St.	22, I certify that (I) (this haspital) attended	ed the deceased from	7-21-1	9 72_ta	
23A. SIGNATURE  23A. SIGNATURE  Attending Med. Shoff 8-23-72  23C. PHYSICIAN'S NAME (Type) I. Baykorler, M.D.  23D. ADDRESS  23D. ADDRESS  30/ Mc Mechen St.				at in (my) (aur) apin	Ian death accurred on the date
23C. PHYSICIAN'S NAME (Type) I. Bay karler, M.D. 23D. ADDRESS 301 Mc Mechen St.	23A. SIGNATURE	e. (I) (We) (dld) (dld not) vi	ew the bady after death.		23 B. DATE SIGNED
NAME (Typ4. I. Bay karler, M.D. 301 Mc Mechen St.	1-16-1. Hayku	a feel M.D. After Phys.	nding Med.	Staff Phys.	8-23-72
DEGREE	23C. PHYSICIAN'S NAME (Type)	P 1 10 12		11. P. S	7
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	REMOVAL (Specify)	4			, town, or county) (Stotel
25A. DATE RECTO BY HEALTH DEPT. 25B. NAME OF RECHISTRAR 25G FUNERAL DIRECTOR WE BE B FUNERAL ADDRESS AND ADDRESS A	25A. DATE REC'D BY HEALTH DEPT. 25B. NAV				VE RAL ADDRESS I MANSON
VS 150-REV. 1/1/68	AUGAD 1912 Tredity	Monon o	The Micheller	Word INC	Hemes Sileania



## FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 72 08130 CERTIFICATE OF DEATH death Deceased Such 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) Michalak, Irene UO 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD eat ance B. COUNTY Undetermined cause; (5) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS Mercy Hospital NO Balto prior 301 St. Paul Pl. 21202 contributing Baltimore Pratt St. #24 regular mad 9. AGE (In years 5. SEX 6. RACE 8. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 His. 7. MARRIED NEVER MARRIED deceased Hours last birthday) F WIDOWED DIVORCED 22.18 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) SD 13. FATHER'S NAME the 5. Wos Deceased Ever in U. S. Armed Forces death LO 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) ce attendan APPROXIMATE INTERVAL 0 pronounce BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: embal heart failure, asthenia, etc. It means the disease, 9 injury or complication which coused death.) ng ANTECEDENT CAUSES who 9 are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, il ony, giving the obove couse (A) stoting the physician before the remains UNDERLYING CONDITION lost. MOS II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where (If in Boltimore City, give exoct location) hospital ° DEATH (notify medical examined etc.) nature; MEDI obtained 21 D. TIME (Month) (Day) (Year) (Hous) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While OF INJURY While At (APPROX.) Work At Work and any 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on. 1972 ond that in(my) (our) opinion death occurred on the date eath) o and hour and from the causes stated above. (1) (We)((did))(did not) view the body ofter death. hospit must 23A. SIGNATURÉ 238, DATE SIGNED 0 Attending Med. Shaff Director L 0 approval ō 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) An shows: (1) 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION eceased (City, town, or county) was D.O. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 401 0105 VS 150-REV. 1/1/6B



BALTIMORE CITY HEALTH I	DEPARTMENT 72 US1311
BIRTH NO. 7 72 08131 CERTIFICATE OF	201.0 40.0.01
(Type or Print)	2. DATE AND HOUR OF DEATH
	RESIDENCE (Where decedsed lived, If institution; residence before admission)
A. STATE	B. COUNTY
HOSPITAL OR ADDRESS OR LOCATION)	1603
R	o. Italioe citi cinilis:
: Do I ton 11.11 leur sung Hour E. STREET	AND NUMBER YES AND NO
i   70	20611
	BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
WIDOWED DIVORCED TO S	3000 lost birthdoy) Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. SIRTING	A CE Slote or foreign country?
Cukuna	le Keerry USA
13. FATHER'S NAME	R'S MAIDEN NAME
2 JealCaran	( 15
	ANT ADDRESS
SECURITY NO.	` - :
	minim Chan
District on comments and	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	- I monthly institute
heart failure, ashenio, etc. It means the disease.	LACE OF:
Injury or complication which caused death.)	relasion
(8)	lento latolisus your
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUATION of the glove cause (A) stating the	ENCE OF:
UNDERLYING CONDITION last	les gerules is
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TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	TOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED
	IN CERTIFYING CAUSES OF DEATH?
OP CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in at about 219	C. WHERE DID (If In Baltimore City, give exoci location)
DEATH (notify medical examiner) etc.)	JOK! OCCUR!
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 211	HOW DID INJURY OCCUR?
(APPROX.) While AI Work AI Work	
22. I certify that (I) (this hospital) attended the decared from	122 19/2 to 8/2 19 22
that (1) (we) last saw the deceased alive an 8/24 19	21 and that in (my) (aur) apinian death accurred on the date
	y after death.
23A. SIGNATURE	238. DATE SIGNED
Aftending To	Med. Stoff Birector Phys. B/24/2
ALLAN A MACAT MODER 2	2 Real of BOM mon
() KEMOVAI (Snecily)	24D. LOCATION (City town, or county) (Stole)
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25A. DATE REC'D BY HEALTH DEPTY 25B. NAME OF REGISTRAN 25C. FUN	IERAL DIRECTOR C ADDRESS
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opianica pelole ille lemants are empanifica of mai disposition is mad	1. NAME OF DECEASED   1. SPECIAL STATE   1. STATE   1

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IMPORTANT

FUNERAL DIRECTOR:

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prior to death.

BALTIMORE CITY HEALTH DEPARTMENT

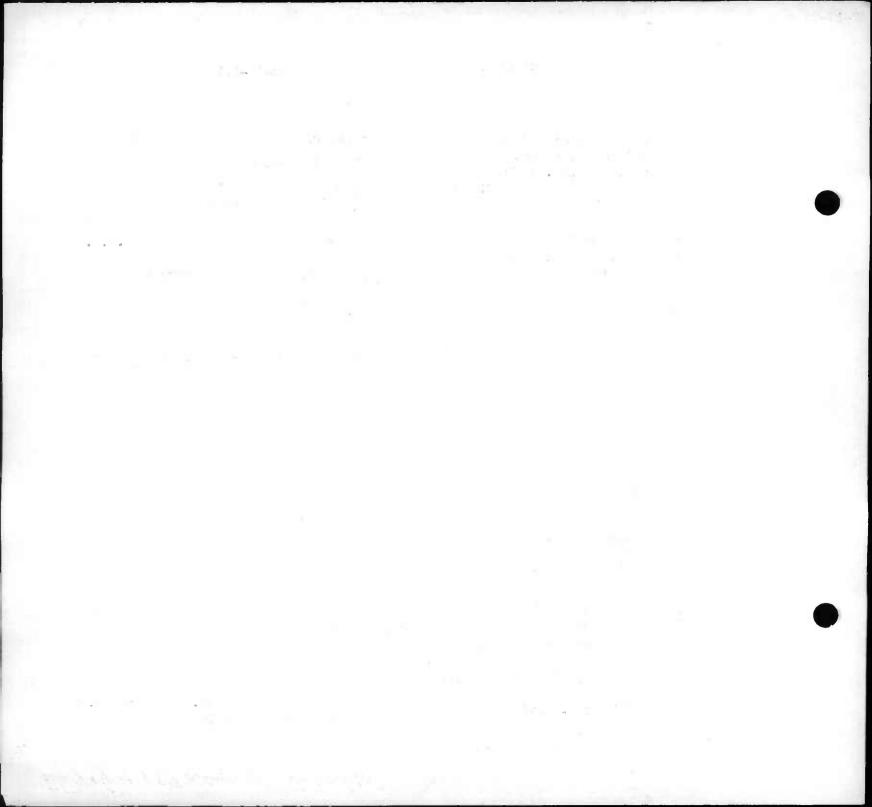
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BIRTH NO.	72 0	8132 CERTIFICA	ATE OF DEATH	KEO. 140.	15 001	7	
I. NAME OF DECEASED				HOUR OF DEAT	TE OF MARY.	LAND-I	HMH
(Type or Print)	Lucin	da Lee		-1972	,	9	A
3. PLACE IN BALTIMORE, M	AARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If	institution; rasidence	e before a	dmission)
FULL NAME OF OF HOSPITAL OR ADDI	OT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Maryland	- 1	21	04	-7
INSTITUTION	RESS OR LOCATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?		
Baltin	more City Ho	spitals	Baltimore		YES X	NO	
4940 E	Eastern Ave.		E. STREET AND NUMBER	2	1220		
Baltin	nore Md. 212	24	124 Siegwart L	ane 2	1229		
SEX 6. RACE	7. MAI	RIED X NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr.	. If Unde	r 24 Hrs.
Female Negr	MIDC	WED DIVORCED	0/12/20	birthdoy	If Under 1 Yr. Months Doys	Hours	Min.
OA, USUAL OCCUPATION (G	ive kind ol work 10B, KIN	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Slole at foreign	country	12. CITIZEN O	EWHAT	OUNTRY
lone during most of working life,	even if refired)				1		JUNIKI
3. FATHERIS NAME			South Caroli	.ne	U.S.	A.	
ON MY DE	MARI	NIN	14. MOTHER'S MAIDEN NAME	. 1			
	kyle		JOSUPHINI W	1/50/00	ine		
5. Was Deceased Ever in U. Tes, no or unknown! (If yes, giv	S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDI	PESS	
150	e war or doles of ser	SECURITY NO.	JULIN G. 156		***************************************		
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177,0		CAUSE OF DEAT			APPR	OXIMATE IN	TERVAL
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heori tailure, asihenio, e	elc. Il means the dis	ease, DUE TO, OR AS	A CONSEQUENCE OF:				
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OTHER SIGNIFICANT CON TO THE DEATH BUT NOT	DITIONS CONTRIBUT	ING NAI					
	GIVEN IN PART 1 (A).						
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21A. ACCIDENT WAS UN					COSES OF DEATH		
OR CONTRIBUTING TICA	4 O 32 U 4	21 B. PLACE OF INJURY (e.g., home, form, loctory, street, a	in or about 21 C. WHERE DID	(If In Boltimo	re City, give exocl	locotion)	
DEATH (notify medical exc	omined	etc.)					
OF INJURY (Month) (	Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY	O C C U R?			
(APPROXI		While Al   Not Whil					
		TOTAL - ALL HOLK					
22. 1 certify that (1) (th			5_19_	72to	21	19_	72
that (I) (we) last saw t	he deceased alive	on	20 19 7 2 ond that !	n(my) (qur) api	nion death accu	grad on t	he date
and hour and from the	causes stated above	re. (I) (We) (did) (did not) v	flow the hady after Jacob			ated on 1	114 0016
23A. SIGNATURE			The budy utter decin.		100 B 6 4 9 B 61 C 1	F. 00	
R. J.	OTY	PPI MATE	ending Med. Staff	- <del></del>	23 B. DATE SIGN	ED /	/
23C PHYSICIANTS	and a	DEGREE Phys	s. Director L. Phys		0/2	201	72
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS 4940 Easte:	rn Ave. Ra	Itimore Me	1.2121	1
	ert L. Ruxin				T CTHIOT & PIC	4.6126	***
A. BURIAL CREMATION, 24	48. DATE . 24	C. NAME of CEMETERY of CRE	Baltimore City Hos		ity, town, or county	1 '	Stote)
REMOVAL (Specify)	- 4				THE PERSON OF COUNTY		AIGIE)

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and written approval must be obtained before the remains are embalmed or final disposition is made. was D.O.A. at a hospital (except where the physician who pronounced death was in regula deceased prior to death); and (6) No physician was in regular attendance on the deceased

VS 150-REV. 1/1/68

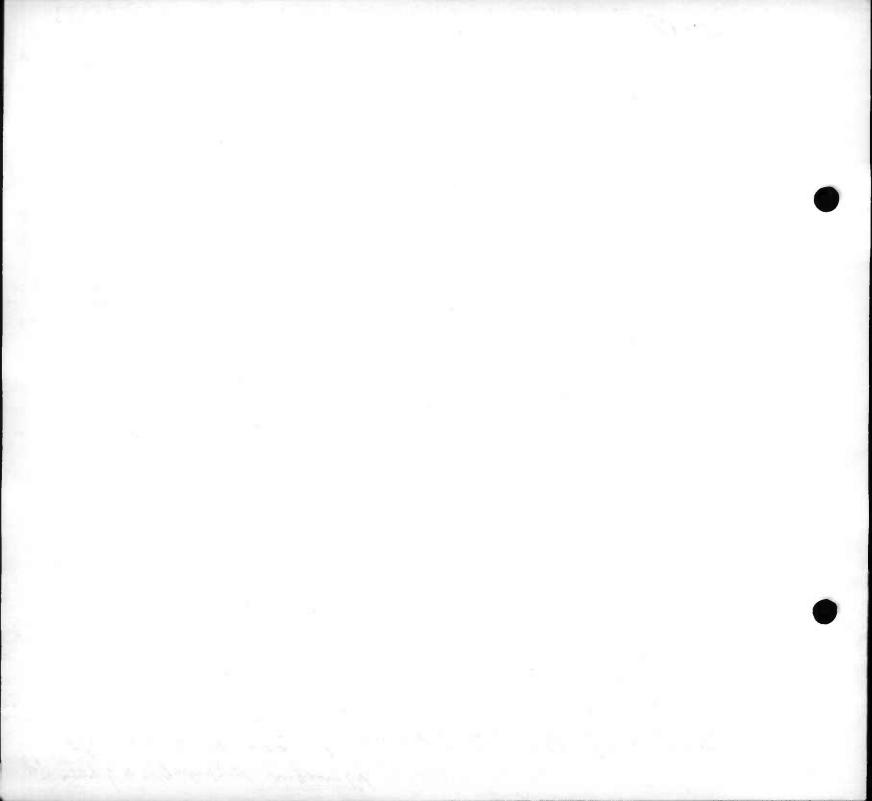
25C. FUNERAL DIRECTOR



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

CK

D-145 70 C	BALTIMORE CITY	HEALTH DEPARTMENT		12 US133		
BIRTH NO.	8133CERTIFICA	TE OF DEATH	REG. NO STATE	OF MARYLAND-DEDME		
1. NAME OF DECEASED			D HOUR OF DEATH			
3. PLACE IN BALTIMORE MARYLAND, WHERE PR	DUBLIN	8/18	3/72	12 Pm.		
WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN	of deceased lived, If i	institution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MD		2001		
INSTITUTION		C. CITY OR TOWN		SIDE CITY LIMITS?		
DU BON SECONE	s HOSP	E. STREET AND NUMBER	ORE	YES NO		
- 7			1. LEXIN	16 TON ST		
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yo. If Under 24 Hrs. Months Doys Hours Min.		
WIDO		3/7/17	5.5	Months Doys Hours Min.		
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lorei		12. CITIZEN OF WHAT COUNTRY?		
UNEMPLOYED		MARY	LAMO	05,		
13. FATHER'S NAME	. /	14. MOTHER'S MAIDEN NAM				
CHARLES DUE	· ·	KATE	POWE			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	icel SECURITY NO.	17. INFORMANT		ADDRESS		
UNKHOWA	218-10-981	3 MRS. DU	BLIN NI	FE AS ABOVE		
18.4/2.4	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0 7 1	Partle.			
(This does not mean the mode of dying.	(A) IMMEDIATE CAU	SE CACH Tang &	eary jan	lul		
heart failure, asthenio, etc. It means the dise injury or complication which caused death.)	ase,	CONSEGNENCE OF: 12	CVD			
ANTECEDENT CAUSES	7110			e l		
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF	150			
rise to the above cause (A) stating UNDERLYING CONDITION last.	the	A CONSEQUENCE OF:	was flee	Taken		
11	(C)		***************************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG					
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	***************************************	***************************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21A- ACCIDENT WAS UNDERLYING TO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D-TIME (Month) (Day) (Year) (Hour)  OF INJURY	21B. PLACE OF INJURY (e.g., in hame, farm, foctory, street, office)	or obout 21 C. WHERE DID	(II In Boltimor	e City, give exact location)		
OF INJURY (Month) (Doy) (Year) (Houd)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?			
(APPROX.)	While At Work Not While					
22. I certify that (I) (this hospital) attended		70	9 40	10		
that (1) (we) lost saw the deceased alive		19ond tha	9ta t In(my) (our) opfi	nion death occurred an the date		
and have and from the causes stated above	. (1) (We) (did) (did nat) vi	ew the body ofter death.				
23A. SIGNATURE	1 40			23B. DATE SIGNED		
1 Min of	DEGREE Phys.	ding Med. S	Shaff bys.	6-18-7		
23 CAHYSICIAN'S NAME (Type)		SD. ADDRESS	pars	HOSPITAL		
24A. BURIAL CREMATION, 248. DATE 246	NAME OF CEMETERY OF CREA	1	CATION (CI	ly, town, or county) (Stote)		
25A. DATE REC'D BY HEALTH DEPT. 125B. NAA AUG 25 1972	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	. 4/	13to ADDRESS		
VS 150-REV. 1/1/68		Wary and	1.2 4.1.	- Committee to the		

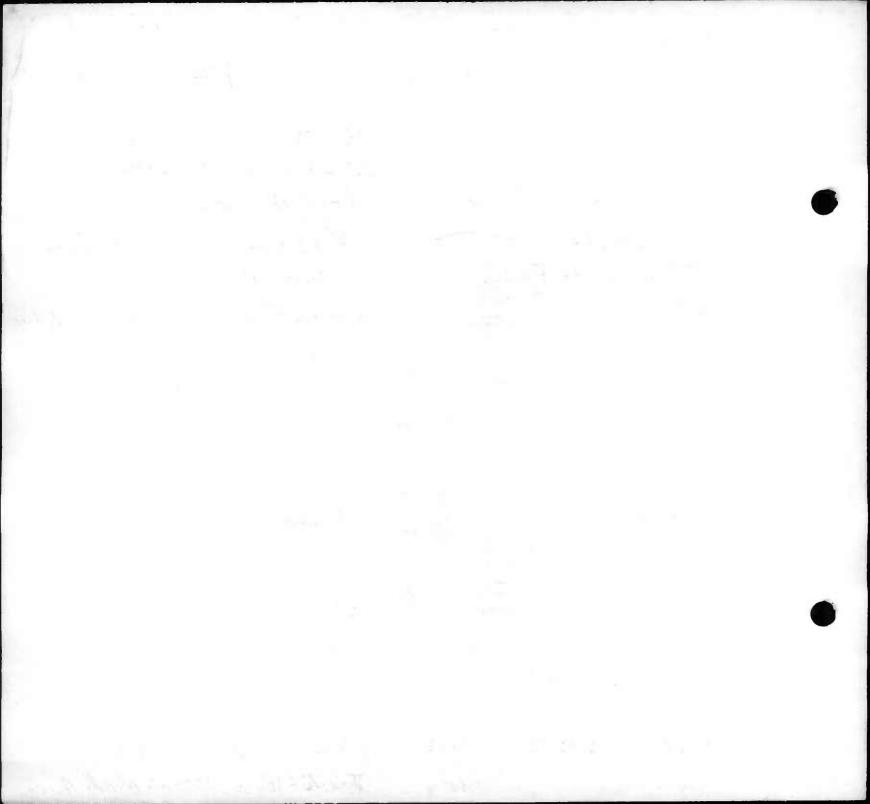


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(4) If	the spo	
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Als	atte	
מים	pro lar nba	
fre	od e	
(3) /	in v	
lica cal	l (except where the physician who pronounced death was in regular attendance on the ); and (6) No physician was in regular attendance on the deceased prior to death. Such se obtained before the remains are embalmed or final disposition is made.	
bedi	r sy	MOLL
a m	sicic	MEDICAL CERTIFICATION
2 B	phy ore	CEP
tation (	No	CAL
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he h	xce and btai	
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sed tu	pite eat	
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ody s: (	D.O dse	
This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital deceased prior to death) written approval must be	2.
F + W	305	Į.

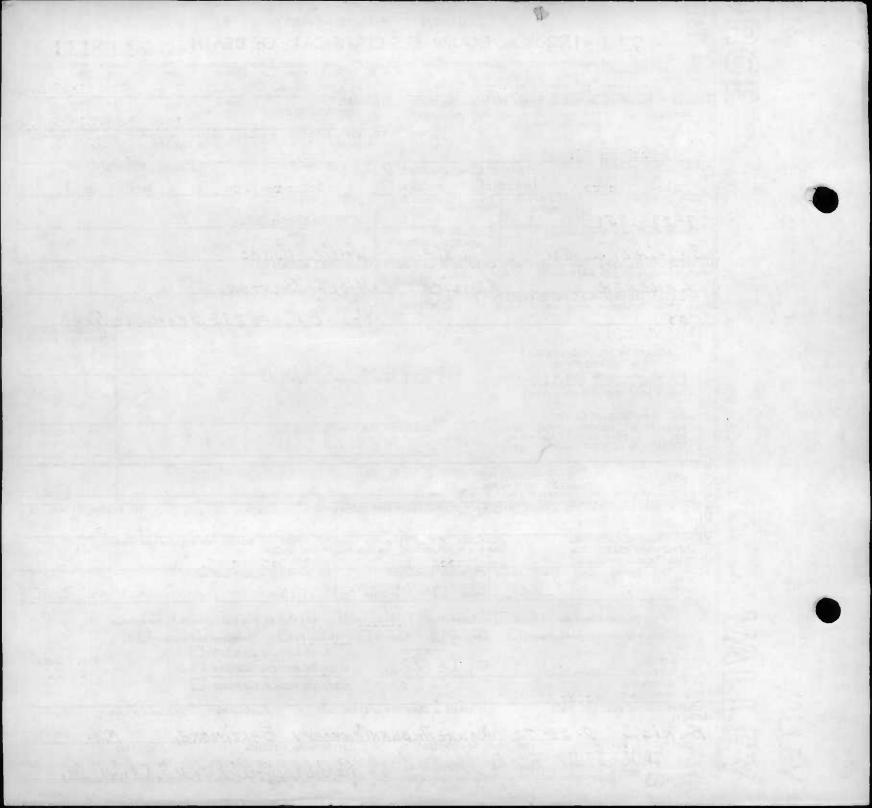
		72	0813	BALTIMORE CITY	HEALTH DEPARTMENT	16	10101	
_	1-625 H NO.		O O J. O		TE OF DEATH	STATE	OF MARYLAND BHILL	
	or Print)	Florence	e Br	ecken	109 e 2. DAJE AND	8-72	7.334	7 Mu
3. P	LACE IN BALTI	MORE MARTLAND, V	VHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where	deceased lived, If	institution: residence before adm	issionl
HO	L NAME OF			ITION, GIVE STREET	1 1 6	mone 6	SIDE OTTY LIMITS?	23
1	enso	N NUN			BA / fimo	29	YES NO	
7		22 AK				+RUN,		
5. \$1	F	Negro	WIDOWED	make the same of t	5-5-1403	AGE (In years	If Under 1 Yr. If Under 2 Months Days Hours	
	during most of w	PATION (Give kind of word orking life, even if refired) ————————————————————————————————————	1 4	BUSINESS OR INDUSTRY	11. BIRTHPLACE IState or foreign	own ryl	12 CITIZEN OF WHAT CO	UNTRY
13. F	ATHER'S NAM		WN		14. MOTHER'S MAIDEN NAM	b W N	P	
15. V	Vas Deceased	ver in U. S. Armed Fe Ilf yes, give war or dak	rees?	1 & SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS	
1	- CT GIIKIIOWIII	or you give war or our	00 01 0011100	214-56-2890	T Evely,	V BAN	Ks- SAM	e
	18. 410	9 1		CAUSE OF DEAT			APPROXIMATE INTE	
		OR CONDITION D			00111		1 7	DEATH
		EADING TO DEATH t mean the mode of		(A) IMMEDIATE CAU		OCAR ain	M. 3 -	N-0000
	heart failure, c	sthenia, etc. It means	the disease,		A CONSEQUENCE OF:			
		lication which caused NTECEDENT CAUSES		Coem	ern 1, 2ed A	p. Hopen	1040	1 10
		CONDITIONS, if		(B) DUE TO OR AS	A CONSEQUENCE OF:	1010101	432 10-1-01	14 00
- 1	rise to the	above cause (A)		6 Je	villity.			
	ONDERLING	CONDITION 10SE		(c)				
Ĕ	TO THE DEATH	CANT CONDITIONS CO BUT NOT RELATED TO T NOTION GIVEN IN PAI	THE TERMINAL	(SSS)				
	19A. DATE OF		IDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes of No)	208 IF YES WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
	OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF medical examined	218, hom elc.)	e, larm, factory, street, of	or obout 21 C. WHERE DID INJURY OCCUR?	(If In Baltimo	ore City, give exect location)	
D	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hous) 21 &	INJURY OCCURRED	21f. HOW DID INJU	RY OCCUR?		
- N	(APPROX.)		Whi	k Not While	· D .			
	22. I certify t	hat (1) (this basalta	1) attended ti	ne deceased from	eb 1972 1	9ta(	Juy 1972 19-	
		ast saw the deceas		July	19 7 2 ond the	t In(my) (our)-or	olnion death occurred on th	e date
	ond hour and	from the causes sta	ted above. (I	) (Wa) (did not) v	lew the body after death.			
1	23A-STONATU		^	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			238. DATE SIGNED	
	+01	Resiso S.	Cirt		nding Med.	Stoff Phys.	18-18.72	
	23C. PHYSICIAN	rs pel	2 12	DEGREE	23D. ADDRESS	n Aug	towson 4	/
, ,	160	LEWILD -	- 17/	CINQ - DEGREE	~ J CEU 191	C- 17 V-2	, , , , ,	
24A	BURIAL CREA	ATION, 248. DATE	24C. N/	AME of CEMETERY or CRI	MATORY 24D. LO	CATION	City, town, or county) (S	tatel
24A	REMOVAL IS		/72 24C.N/	ME of CEMETERY of CRI	MATORY 240. LO	CATION II	City, town, or county) (S	tatel
24A 25A			25B. NAME C	HA AUGU	24D. LO	CATION (I	City, town, or county) (S	tatel

2/24/69 1306 Arg \$18 Ave. 21217 This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature;: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT	9.0	72 08135					
72 08135		TE OF DEATH	REG. NO	, C 001.00					
I.NAME OF DECEASED	, CLKTITICA		STATE OF	MARYLAND-DHIM					
Type or Print MARTH	AFORD	2. DATE AN	HOUR OF DEATH	HA					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il inst	ilution: residence before admission)					
FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	2327 W NOR	It Ave BA	Ito. Md					
MARIENTAN OF MARY		C. CITY OR TOWN		E CITY LIMITS?					
41006 23119	,	E. STREET AND NUMBER		YES NO					
20		2327 W 7	north a	ve 1503					
5. SEX 6. RACE 7. MARRIE WIDOW	DIVORCED	8-15-18	5-4	If Under 1 Yt. If Under 24 Hrs. Months Doys Hours Min.					
IOA. USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE   State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?					
House wife -	_	VIRginia		USA					
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM	A E	717					
James A. FOR	1	Bessie 1	MIller						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS					
No		Marthe Fo	Rd 20	TOIW North Age					
18. / / 4 X I	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Macassa	c 202 10						
This does not mean the mode of dving a	(A) IMMEDIATE CAU	CONCECUENCE OF							
hearl lailure, asthenia, etc. It means the diseast injury or complication which caused death.)	Se, DOE 10, OK AS /	CONSEQUENCE OF:	ARCINOM	1					
ANTECEDENT CAUSES									
DISEASES OR CONDITIONS, if any, givin	(B)DUE TO, OR AS	A CONSEQUENCE OF:		***************************************					
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	16								
11	(C)	***************************************	**********************						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	3								
	***************		******************************	***********************					
194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED					
U 21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF	18 PLACE OF INJURY (e.g., in	ar about 21 C. WHERE DID							
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	ome, form, foctory, street, aff	ce bidg., INJURY OCCUR?	fit in pollimore (	City, give exoct location)					
21D-TIME (Month) (Doy) (Year) (Hour) 2	E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?						
< IAPPROX.)	While At Not While At Work								
22.   certify that (1) (this hashtal) attended the decoral (									
that (I) (we) last saw the deceased alive on									
and haur and from the causes stated above.	and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.								
23A. SIGNATURE	23A. SIGNATURE 23B. DATE SIGNED								
J. Gerand C	Atten	ding Med. S	haff hys.	8.24.72					
23C. PHYSICIAN'S NAME (Type)	DEGREE	D. ADDRESS							
	DEGREE								
24A. BURIAL CREMATION, 24B. DATE 24C.I	NAME OF CEMETERY OF CREA		CATION (City,	town, or county) (Stote)					
Burial 8-28-75	MT. Chloun	uy Cen.	Bult.	md.					
25A. DATE REC'D BY HEALTH DEPT. 258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS					
A1152.5 1977 The state of the s	MATA	Jusieph L Pu	25 2522 K	, North Ave.					



72 081 MEDICAL EXAMINER'S C BIRTH NO. MARYLAND DEPT. OF HEALTH & MENTAL HY	CERTIFICATE OF DEATH REG. NO. 22	08136
1. NAME OF DECEASED (Type ar Print)	2. DATE Known Manth Day	Year Hnur
WILLIE LAMONT JONES	DEATH Estimated   8 19	72 1:45 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		72 1:45 A. M.
OK INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if Institution: re A. STATE B. COUNTY	isidence before admission)
925 Bethune Rd.	Maryland	1562
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
Male Negro WIDOWED ☐ DIVORCED ☐	Baltimore City vest	No 🗆
last birthday) Months Days Hours Min.	E. STREET AND NUMBER	
7-29-1951 21 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	875 Bethune Rd.	
WHAT COUNTRY?	1 / / /	
Baltimore, Md. 4.5.A.	Willie Dones	
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY lone during mast of warking life, even if retired)	15. MOTHER'S MAIDEN NAME	
LABORER PUBLIC	VIOLA BURTON	
4. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown)(If yes, give war ar dates of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDI	RESS
No	VIOLAB. JONES 875 BELHUI	Va Pana
19. E C / CAUSE OF DEAT	H	APPROXIMATE INTERVAL
E 166X		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
(A)IMMEDIATE C.  (This does not mean the made of dying, e.g.,  (A)IMMEDIATE C.  DUE TO, OR A	AUSE Stabwound of Neck	
heart tallure, asthenia, etc. It means the disease.	S A CONSEQUENCE OF:	
injury ar camplication which caused death.)		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:	
LINDERLYING CONDITION LAST		
Z (c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT RELATED TO THE TERMINAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21	. AUTOPSY? (Yes or No)
0 2		Voc
₹ 22A. EXTERNAL CAUSE WAS   228.PLACE OF INJURY(e.g., I	in or about 22C, WHERE DID (If in Rollimore City sive exact le	Yes
UNDERLYING OR CONTRIB- home, form, factory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give exact to bidg., etc.) INJURY OCCUR?	ounding.
UTING CAUSE OF DEATH.  Street  22D. TIME (Month) (Day) (Year) (Hour) 122E-INJURY OCCURRED	925 Bethune Rd.	017 00%
OF INJURY (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	The Later of the L
(APPROX.) 8 19 72 1:30 WHILE AT WORK AT WORK	WHILE Stabled by unknown	assailant
23,		
	and that on this basis, death in my opi	nion
resulted from: Natural couses Accident Suicide	Homicide W Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL X (, , 10 15 /1110.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE A CONTROL OF THE MED.		8/19/72
EXAMINER'S  NAME (Type) Peter Linkovic M D	ASSOCIATE MEDICAL EXAMINER	0/15/12
NAME (Type) Peter Lipkovic, M. D.  24A. BURIAL CREMATION,   248. DATE   24C. NAME of CEMETERY C	CO5444400V	
REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or	county) (State)
BURIAL 8-23-72 MOUNT AUBUR	Memetery BALTIMARE.	md.
25A. DATE REC'D BY HEALTH DEPT.   28B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDR	FSS
AUG 25 1972 Bridgey Inhorton	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0, 0.
	Naudolety Woollyk 2431 E. O.	wes) St.
S 151-REV. 1/1/68 N 8 7 4 . 1	. 1-0-1	/
	/	



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decease

VS 150-REV. 1/1/68

shows: (1) oceased

of death Deceased the Such

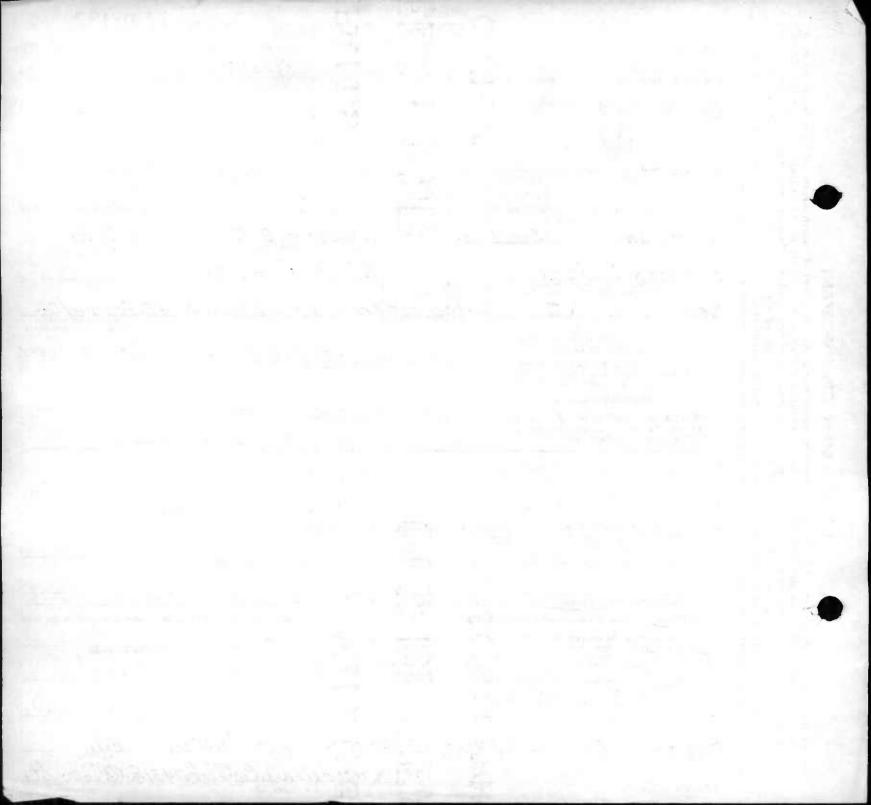
hospital

0

attendance

death.

0



C-650

BALTIMORE CITY HEALTH DEPARTMENT

IRTH NO CT			DICAL		AMINER'S			DEAT	H REG. NO	72 (	8138	
NAME OF DEC			DIN.	u,		2. DATE OF	Known 🔯	Month	Doy	Yeor	Hour	
		ERIC	A GRI	EEN		DEATH	Estimated	8	18	72	4:25 1	P . M
PLACE IN BAL ULL NAME OF OSPITAL R INSTITUTION	(IF NO		AL OR INS		N, GIVE STREET		NCED DEAD	Manth 8	Doy 18	Yeor 72	4:25 ]	Р. м
KINSIIIUIION	3807 E	Sonner	Rđ.			A. STATE	SIDENCE (Where [arvland	deceosed li	B. COUNTY		before odmissi	on)
SEX	7. RACE			RIED	NEVER MARRIED	C. CITY OR			D. INSIDE	CITY LIMITS?		
female	negr	0	WIDOY	VED [	DIVORCED [	Balti	more City	,		YES	No 🗆	
3/24/197	Н	10. AGE (I	n years	If Und Month	ler 1 Yr. II Under 24 Hrs. s Doys Hours Min.	E. STREET A	ND NUMBER Bonner Rd					
Baltimo				12. Cl	HAT COUNTRY?	13. FATHER						
	PATION (Giver orking life, ev	e kind of work	14B. KIND		USINESS OR INDUSTRY	15. MOTHER						
WAS DECEAS	ED EVER IN	U.S. ARMEI	FORCE	?	7. SOCIAL SECURITY NO.	18. INFORM				ADDRESS		
es, no or unknown)	(Il yes, give v	wor or dotes	of service	)	SECURITY NO.	Mrs. L	oretta Gr	een		0swego	Avenue	
(This does n heart foilure injury or con	E OR COND LEADING TO to mean the c, asthenio, etc nplication while NTECEDENT OR CONDITION E ABOVE CA NG CONDITION	mode of dy it means the ch coused dec	ring, e.g., a disease, ath.)			AUSE DOW		ome			PROXIMATE INTI	
DISEASE OR	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL								
20A. DATE OF	OPERATION	1 208. COI	NOITION	FOR W	HICH OPERATION WA	S PERFORM	D			21. AUTO	PSY? (Yes or	No)
0										No	)	
UTING CA	NAL CAUSE MOR CON USE OF DEA	TRIB-		228.PL hame,	ACE OF INJURY (e.g., larm, factory, street, office	in or about 22 bidg., etc.) IN	UURY OCCUR?	II in Baltimo	re City, give e	xact location)		
22D. TIME OF INJURY (APPROX.)	(Manth) (D	Oay) (Year	r) (Hou		LINJURY OCCURRED NOT AT W	WHILE CORK	F. HOW DID INJ	URY OCCI	UR?			
I cert	URE ER'S Type) Wination, 2 Type) Wination, 2		P. M	1110  24C.	sident Suicid	ASSIS ASSO	HIEF MEDICAL E TANT MEDICAL E CIATE MEDICAL E RY (240. L	Indetermin KAMINER KAMINER	(City, tow	8/	DATE SIGNE 20/72 (Store)	
A. DATE REC'D	BY HEALTH I		258. N	AME O	F REGISTRAR	25C. F	INERAL DIRECTO	R		ADDRESS 701 Lau		
151-REV. 1/1/68			3	. 1	42 4					1		

william. r.n, 'r. eltinors, -r/l-n inf nt I ratt ran rate ran 's start van ltipre, rylin 17 urn t.

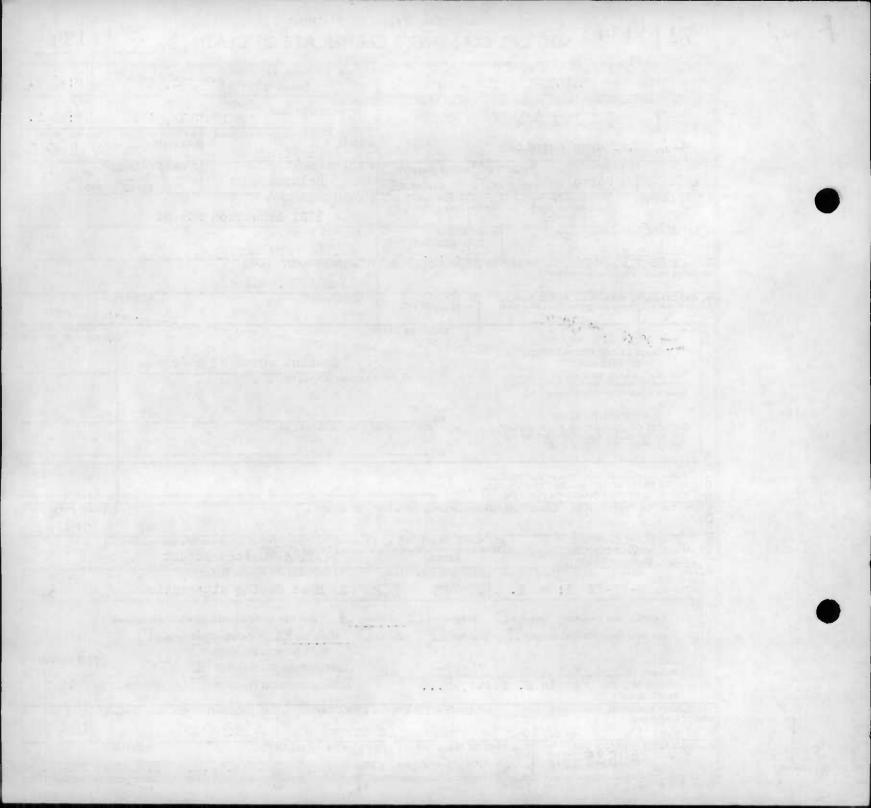
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ma 0040	0		BALTIMORE CITY HE	ALTH DEPA	RTMENT		9-4	70	0.1.0	
72 0813	///	ICAL	EXAMINER'S	CERTIF	CATE OF	DEATH	REG. NO.	12 0	8139	
BIRTH NOSTATE O	F MARYTAN						KEG. 140			
(Type or Print)	CHARLES			2. DATE OF DEATH	Known 🔼	August	23, 19	72 Year	9:45 P	М.
4. PLACE IN BALTIMOR				3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	HOSPITAL ADDRESS OR LOCATION)					August	-	72	19:45 P	$_{\rm m}$
D. C. Britania	heran Hos	pital		A. STATE	Maryland		L if institution: COUNTY	residence b	elore odmission)	5
6. SEX 7. RA		8. MARRI	IED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	Negro	WIDOW	FUnder 1 Yr. II Under 24 Hrs.		Baltimore	2	YE	s 🛭 ı	NO 🗆	
9. DATE OF BIRTH  3-3-39	E. STREET	AND NUMBER 1721 Ashb	ourton S	treet						
II. BIRTHPLACE (Stote or	loreign country)		12. CITIZEN OF	13. FATHE						-
Tallahassee,	Flordia		WHAT COUNTRY?	Wil:	liam Breed	love 1				
14A.USUAL OCCUPATIO	N (Give kind of work)	148. KIND	OF BUSINESS OR INDUSTRY	100000				_		
done during most of working	Hie, even in relized)			John	nnie M. Pa	1mer				
16. WAS DECEASED EV	ER IN U.S. ARMED	FORCES	? I7. SOCIAL SECURITY NO.	18. INFOR	MANT		AD	DRESS		_
No.	Give wor or coles	or service)	SECURITY NO.	Mrs.	Gloria Bre	edlove	1339 W	I. Nort	th Avenue	3
19.	51 X		CAUSE OF DEA	TH					PROXIMATE INTERVA	
DISEASE OR C	CONDITION DIRE	CTLY								
1	NG TO DEATH		(A)IMMEDIATE C	AUSE	unshot wou	ind of a	bdomen			
(This does not med heart follure, osther Injury or complication	nia, etc. it means the	disease,	DUE TO, OR A	AS A CONSE	QUENCE OF:					
ingoty of complication	on windi coused dec	, inc. g								
ANTECE	DENT CAUSES		(B)	AS A CONS	OHENCE OF					
DISEASES OR CO	E CAUSE (A) STA	ING THE	DOE TO, OK	AS A CUNS	QUENCE OF:					
DISEASES OR CORISE TO THE ABOUNDERLYING COUNTER SIGNIFICANT TO THE DEATH 8U DISEASE OR CONDUCTOR OF OPER COUNTER SIGNIFICANT TO THE DEATH 8U DISEASE OR CONDUCTOR OF OPER COUNTER SIGNIFICANT TO THE DEATH 8U DISEASE OR COND	INDITION LAST.		(c)							
OTHER SIGNIFICAN	II CONDITIONS CO	ANTOIRLIT	ING							
TO THE DEATH BU	T NOT RELATED TO	THE TERMI	NAL							
20A. DATE OF OPER			OR WHICH OPERATION WA	AS PERFORE	MED			21. AUTOF	PSY? (Yes or No	_
Ü							- 18		Yes	
22A. EXTERNAL C.	AUSE WAS		22B. PLACE OF INJURY (e.g.,	In or obout	22C. WHERE DID	(II in Baltimore (	lity, give exac			-
UNDERLYING OR UTING CAUSE O	CONTRIB- F DEATH.	ľ	22B.PLACE OF INJURY (e.g., home, farm, factory, street, office Home	e bldg., etc.)	1721 Ashbu	irton St	reet	-/	506	k.
≥ 22D. TIME (Month)					22F. HOW DID IN	JURY OCCUR				
(APPROX.) 8-17	-72 1:00	P	m. WHILE AT NOT AT W	WHILE VORK	Shot duri	ing alte	rcation	1		
23.	A 1 L - 1 J 1			. च						
			Inspection Aut		and that on t		_	-		
resulted fro	m: Natural cou	ses 🔲	Accident Suicid		omicide KX CHIEF MEDICAL I	Undetermine	_	J		
ACTUAL	Ma		1 Plans		ISTANT MEDICAL I			1	DATE SIGNED	
SIGNATURE EXAMINER'S	Marria	C D	1 ALL M.D.	•		_		O.	4 1072	
NAME (Type)	Marvin	5. P	latt, M.D.	ASS	OCIATE MEDICAL I	EXAMINER L	Aug	gust 2	4, 1972	
24A. BURIAL CREMATION REMOVAL (Specify)	N, 248. DATE		24C. NAME of CEMETERY	or CREMATO	ORY 24D.	LOCATION	(City, town,	or county)	(State)	_
Burial	8/28/	72	Greenwood Ce	emeterv	T	allahass	ee,	Flo	rida	
25A. DATE REC'D BY HE	ALTH DEPT.		AME OF REGISTRAR		FUNERAL DIRECT			DRESS		_

VS 151-REV. 1/1/68

MORTON & DYETT F.H.

1701 Laurens Street



A-620

VS 151-REV. 1/1/68

72 (8140) BALTIMORE CITY HEALTH DEPARTMENT

72 08140

DIDTH N	OCMAMB OF A		CAL EX	(AMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	- (, ()		
BIRTH NOSTATE OF MARYLAND DIMEN.  1. NAME OF DECEASED						Known XX	Month	Doy	Year	Hour	
(Type or Print) William Ayers						Estimoted	8	22	72		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE	2011110-100	Month	Doy	Yeor	Hour '	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						INCED DEAD	8	22	72	11:20 p.	
					A STATE	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.					
6. SEX	7. RACE	8.	MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		
male	Negro		IDOWED [	DIVORCED X	ll n.	Balto. YES X NO					
9. DATE	OF BIRTH 2-28-37	10. AGE (In yellost birthdoy)	eors If Un Mont	der 1 Yr. If Under 24 Hrs. hs, Doys, Hours, Min.		ND NUMBER 07 Boswor	th Ave				
11. BIRTH	IPLACE (State or fore		12. C	ITIZEN OF	13. FATHER						
	DERSON, SOU		INA	HAT COUNTRY? U.S.A.		EV. WILLIV		5			
done duri	at Occupation (G	even ifretired)	KIND OF E	BUSINESS OR INDUSTR		NIE WHEEI					
16. WAS	DECEASED EVER IN	U.S. ARMED F	ORCES?	17. SOCIAL SECURITY NO.	18. INFORA			AC	DRESS		
		3. 58-6		250-52-8970	RI	EV. WILLIE	E AYERS	5 5207	BOSWO	RTH	
19.	9/4	Y.		CAUSE OF DEA					APP	ROXIMATE INTERVA	
RI	ANTECEDEN SEASES OR CONDIT SE TO THE ABOVE C NDERLYING CONDI	TIONS, IF ANY, G AUSE (A) STATIN TION LAST.	G THE	(B)(C)	AS A CONSEC	DUENCE OF:					
OH D	THER SIGNIFICANT CO THE DEATH BUT NO SEASE OR CONDITION	OT RELATED TO TH N GIVEN IN PART	E TERMINAL				0 www 6 w w 0 w 6 d w 6 w 6	100 uu uu uu uu uu <b>na aa a</b> aa a m			
. 2	DATE OF OPERATION	ON 20B. COND	ITION FOR	WHICH OPERATION W	AS PERFORM	ED			21. AUTOP	'SY? (Yes or No)	
UTIN 22D. OF I (APP	VIIIIDV -	NTRIB-	home	CLACE OF INJURY(e.g., form, foctory, street, officers STREET  ELINJURY OCCURRED  CHILE AT OCCURRED  AT NOT	ce bldg., etc.) If	4700 blk.	of Gw	ynn Oak Jr?	Avenue	e sailan <b>t.</b>	
23.	I certify that I	held an Inq	uiry 🔲	Inspection Au	utapsy XX	and that an th	nis basis,	death in my	apinian		
	resulted fram:	Natural cause	s A	ccident Suici	de 🗌 Ha	micide XX	Undetermi	ned manner [			
	ACTUAL	Xtyllou He				CHIEF MEDICAL EXAMINER  AS SISTANT MEDICAL EXAMINER  AS SISTANT MEDICAL EXAMINER					
	EXAMINER'S NAME (Type)	Peter	Lipkov	ric, M.D.	2	CIATE MEDICAL E			8,	/23/72	
	RIAL CREMATION, AL (Specify)	24B. DATE	240	C. NAME of CEMETERY	ar CREMATO	RY 24D.	LOCATION	(City, town	, or county)	(Stote)	
25 A D A	BURTA		72	GARDEN OF		HOPE			ARYLAN DDRESS	D	
ZJA. DA	AUG2		Side	rey work	MI					1 LAUREN	

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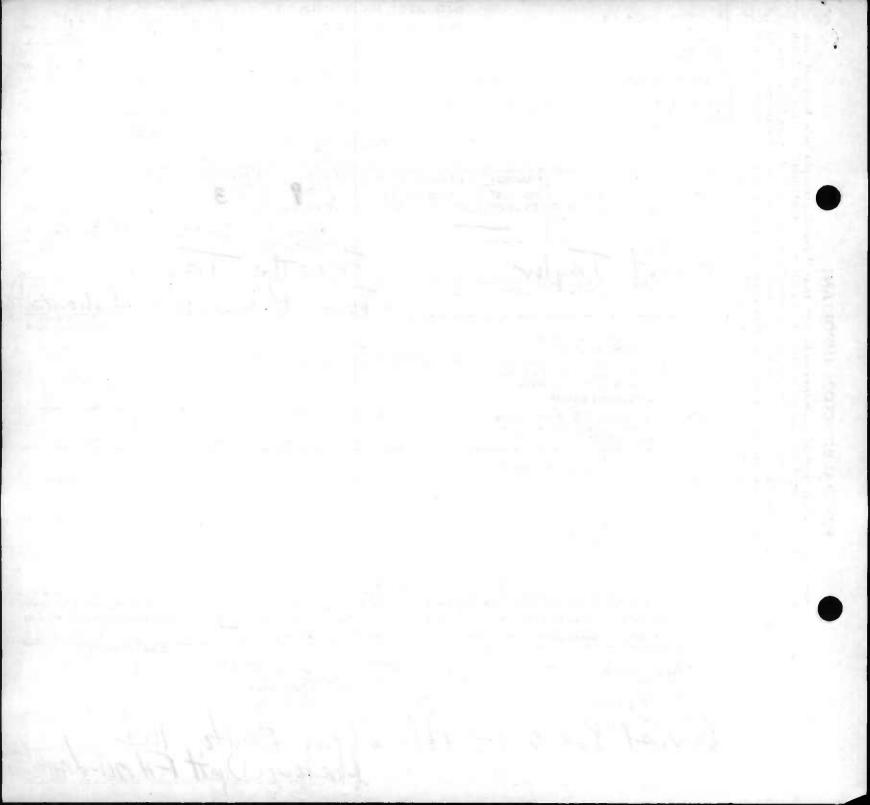
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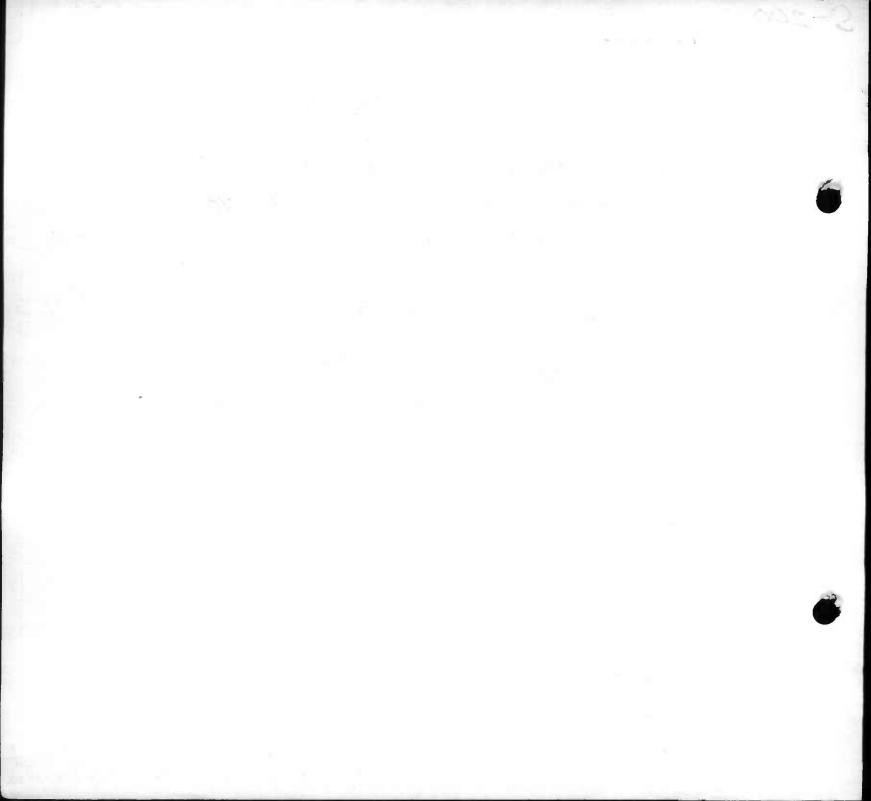
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

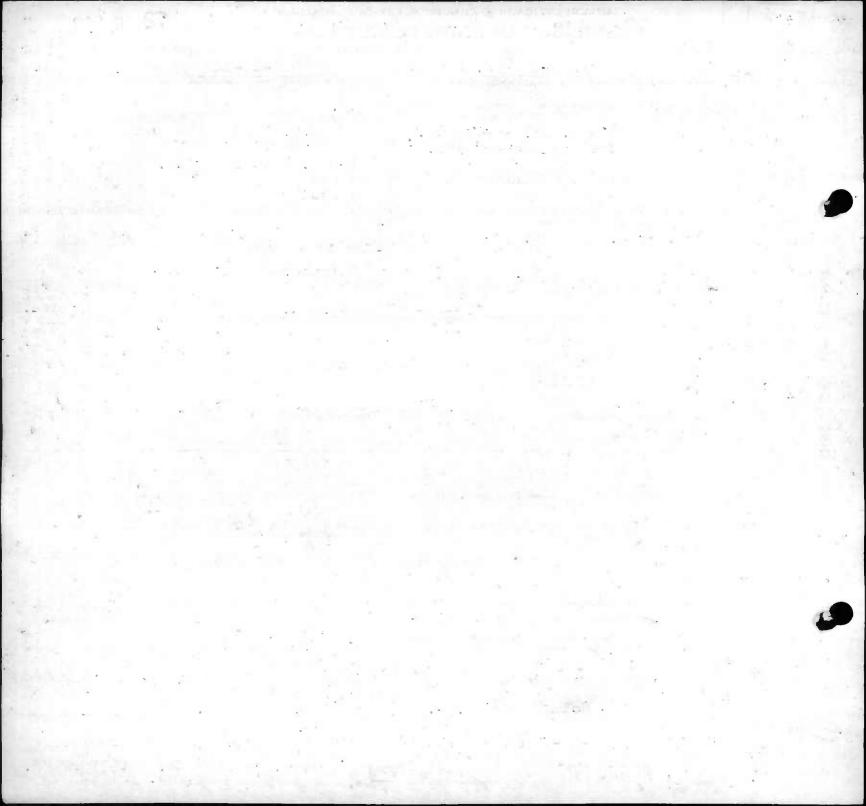
MID OCALA	BALTIMORE CIT	Y HEALTH DEPARTMENT		1				
72 08141	CERTIFICA	TE OF DEATH	REG. NO	72 08144				
BIRTH NO. STATE OF MARYLAND DITA	H -		D HOUR OF DEATH					
Tune or Print)	FRIEDA TAYLOR	4461	LET 18 19.	12   8:50 P M				
L PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (When	e deceased lived. Il i	nstitution: residence before admission!				
FULL NAME OF UF NOT IN HOSPITAL OR II ADDRESS OR LOCATION!	NSTITUTION, GIVE STREET		MARYLAN					
PROVIDENT HOS	2174	BALTIMORE	D. 1143	YES NO				
DO PROVIDENT HOS	FIJAL	E. STREET AND NUMBER						
37		1203 SPRINGDA	HE AVE.					
SEX 6. RACE 7. MAR		1	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 His. Months Doys Hours Min.				
10-11	WED DIVORCED	5-1-09	63					
A. USUAL OCCUPATION (Give kind of work 108, KIN no during most of working life, even if refired)	D OF BUSINESS OK INDUSTR		277	12. CITIZEN OF WHAT COUNTRY				
		MARYCHN	10	1 US-H				
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME					
Robert 1 Aylor		RANETTA	2 14	1/0/				
Was Deceased Ever in U. S. Armed forces? s,no or unknown! (if yes, give war or dates of sen	rice) 16. SOCIAL SECURITY NO.	17. INEDRMANT	1.	ADDRESS				
		Ames Tev	Kins-6	13- Hicheste				
18. 4 30.01	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY		cerebisvalent	an Academi					
LEADING TO DEATH (This does not mean the mode of dyling,	(A) IMMEDIATE CA	USE ( Sub cue A CONSEQUENCE OF: SLUME Hyper	chroic He	months for surge.				
heart failure, asthenia, etc. It means the dis	edse,	A CONSEQUENCE OF:	Lins in	1 40 4 4 2				
injury or complication which caused death.)		See 2 179/	70.	9				
ANTECEDENT CAUSES	(B) OF A	A CONSEQUENCE OF:						
DISEASES OR CONDITIONS, If any, g	A CONSEQUENCE OF							
UNDERLYING CONDITION last.	(c)							
	110							
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	NAL							
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OF CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 1								
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218 PLACE OF INJURY (e.g., home, form, foctory, sireet, etc.)	in or about 21C WHERE DID	(If In Boltima	re City, give exect locotion)				
	21E INJURY OCCURRED							
OF INJURY	While At   Not Wh	21F. HOW DID INJ	OKT OCCUR					
(APPROKI	Work At Work							
22. I certify that (1) (this hospital) attended the deceased from 8-17 19 72 to 8/18 19 12								
that (1) (we) last saw the deceased allve	an		at In(my) (aur) op	Inian death accurred on the date				
and hour and fram the causes stated aba	ve. (1) (We) (did) (did nat)	view the body after death.						
23A. SIGNATURE	445	adia — Mad —	ei # = /	23B, DATE SIGNED				
ma. Elma V. man	gary MD DEGREE Ph		Steff Phys.	8/18/72				
23C.PHYSICIAN'S NAME (Typel	0	23D. ADDRESS Provid	ent HOSP	ital "				
MA. ELENA U MAN	16AY MID DEGREE	2600 diput	y Huspie.	Bret. ma				
AA BURIAL CREMATION, 248 DATE 2	4C. NAME OF CEMETERY OF CH	REMATORY 24D. M	CATION (C	ily, town, of county! (State)				
DUVIA 124-72	Alt Hebre	W Com L	1A/17	Wd 1				
- · · · · · · · · · · · · · · · · · · ·	ME OF REGISTRAR	125% FLINERAL DIRECTOR		ADDRESS /				
211007 4000 -4		TOWN THITTERNING DIRECTOR	1 / /	ADDRESS/				
AUG25 1972 7000	bey howord	MORTONI	Diett	FH MOI- LAUREN				





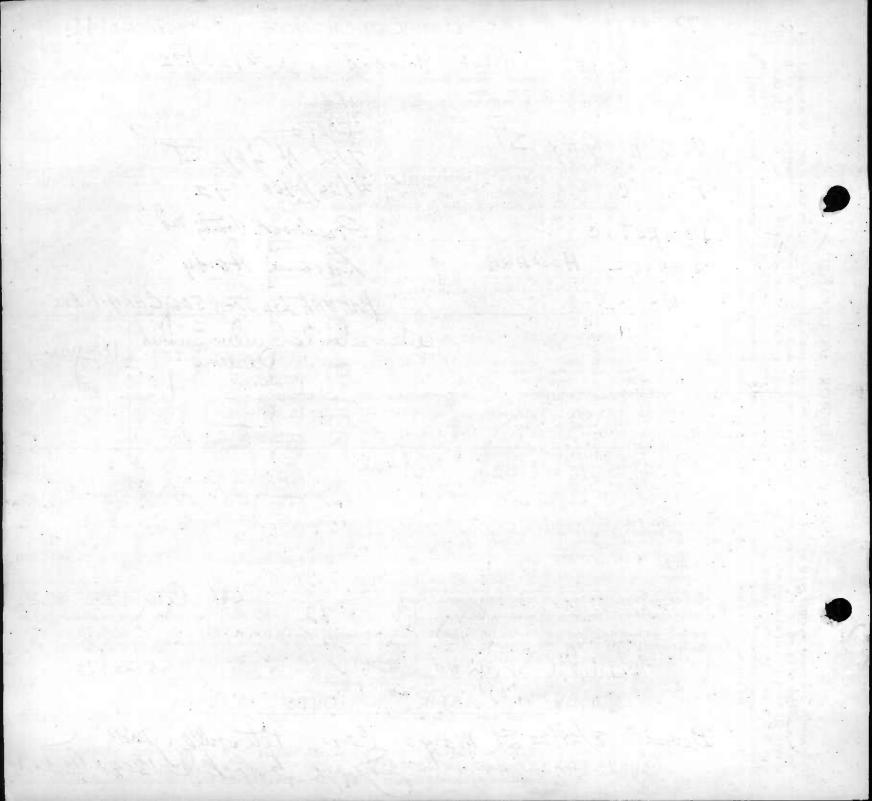
a hospital and

				BALTIMORE CITY	HEALTH DEPARTMENT		79 00440		
BIRTH	NO. STATE	2 08143		CERTIFICA	TE OF DEATH	REG. NO	72 08143		
1.NA	or Print)	Norber	D-DHMH	J. Baumer		-24-72	11:36 A-M.		
3. PL	ACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO	Whore decoosed lived. If	institution; residence before admission)		
FULL	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Md.	D. IN	SIDE CITY LIMITS?		
	1011011	100 W. (	Coldspr	ring La.	Baltimore YES A NO				
Wynnwood Towers			es Apt. 805	E. STREET AND NUMBER 100 W. Coldspring La.					
S. SE)	x 6	RACE	7- MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 10-3-78	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10A. U					11. BIRTHPLACE (Stoto or		12. CITIZEN OF WHAT COUNTRY?		
done o		orking life, even if retired)		Co. oss Candle		New York	USA		
13. FA	ATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME			
G	George		umer		Elizabeth	McDon	ald		
15. W	os Doceosed B	ver in U. S. Armed For	cos?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21212		
. 03,11	no	yes, give wor or dole	or acitice/	213-01-4928	A John R.	Bihhw	Montrose Ave.		
11	8. // /	17 VI		CAUSE OF DEATH		Dibby	APPROXIMATE INTERVAL		
ATION	DISEASES OF ISSUED THE SIGNIFIC OF THE DEATH DISEASE OF CO	CONDITIONS, if abave cause (A) CONDITION loss.    CONDITION loss.    CONDITION loss.    CONDITION loss.    CONDITION loss.    CONDITION loss.   CONDITION lo	any, giving stoling the INTRIBUTING HE TERMINAL RT 1 (A).	(c)	A CONSEQUENCE OF	Nol) 208. IF YES. WER	E FINDINGS CONSIDERED AUSES OF DEATH?		
ERTI	WAS PERFORMED				NO				
0 2	OR CONTRIBUT	WAS UNDERLYING [ING   CAUSE OF nedicol exeminer)		no, farm, factory, stroet, of	n or obout 21C. WHERE DIE fice bidg., INJURY OCCUR		ore City, give exoct location)		
MEDI	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJU				e 🗖	INJURY OCCUR?			
t	22. I certify that (I) (this hospital) attended the deceased fram May 2 3 1922 to A 1922, that (I) (we) last saw the deceased alive an AUC 15 4 2 3 19 7 2 and that in (my) (out) apinfan death accurred an the date and haur and fram the causes stated above. (I) (We) (did) (did not) view the body after death.  238. DATE SIGNED								
2:	C , ) (	ne)	Boy.	DISCREE !!!	23D. ADDRESS	Stoff Phys.	AV9. 24190		
24A.	BURIAL CREM	C . Holme		M. D. DEGREE		hase St.	City, town, or county) (Stoto)		
	REMOVAL (Sp		72 000	to of Hanne					
	_	8-26- BY HEALTH DEPT. UG25 1972		te of Heaver of REGISTRAR	Henry W.		New Jersey  o. 4905 York Rd.		
VS 15	50-REV. 1/1/68			1					



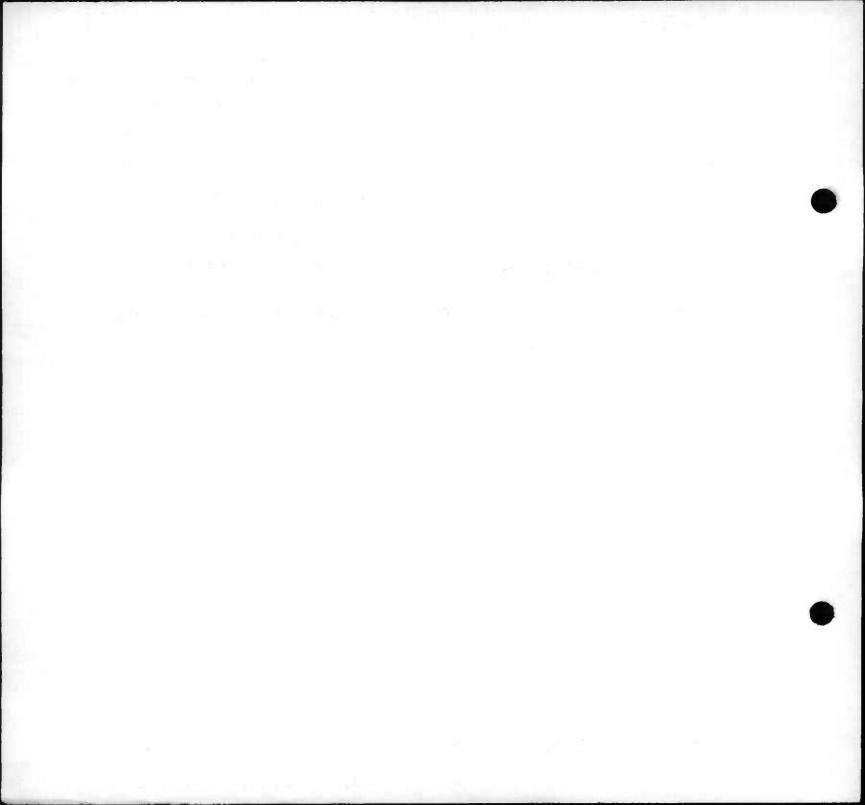
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	BAL	TIMORE	CITY	HEALTH	DEPARTMENT		

ВІ	72 08144 RTH NOTATE OF MADE	CERTIFICA	TE OF DEATH	REG. NO. 72	08144				
1.	NAME OF BECEASED MARYLAND-DHMH	. 1 11		D HOUR OF DEATH	•				
	KACHEL	year How		re deceased lived. If institution:	M.				
F	PLACE IN BALTIMORE, MARYLAND, WHERE PRO ULL NAME OF (IF NOT IN HOSPITAL OR IN IOSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUN		1002				
ii.	OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CITY L	<i>i</i>				
	712 h. GAY S	7	E. STREET AND NUMBER 7/2 No GAY						
	F. 6. RACE 7. MARR WIDOV	VED DIVORCED	4/24/1900	lost birthdoy) 2 Months	Doys Hours Min,				
	A USUAL OCCUPATION (Give kind of work 10B, KINE one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country) 12. CITI	ZEN OF WHAT COUNTRY?				
13	TATHER'S NAME	,	14. MOTHER'S MAIDEN NAM	ME 2/					
	DANIEL HOWAR	₹4	Larena	Hardy					
1.5 (Y	. Wos Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	HANNAH LIN	dsey 506 CAR	RGIL AVE				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	sselnote Ca	uluvasula	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. II meons the diseose, injury or complication which coused death,)								
	ANTECEDENT CAUSES								
	DISEASES OR CONDITIONS, if any, given itself to the above cause (A) stating UNDERLYING CONDITION lost.	the (C)	A CONSEQUENCE OF:						
NOITA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG NG	me						
CEPTIEICA		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?				
18.0	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore City, give	re exact location)				
2	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
W	(APPROX)	While At Work Not While At Work							
	22. I certify that (i) (this haspital) attended			19 6 1/10 Cluy	19 1972.				
	that (1) (we) last sow the deceased alive on								
	23A. SIGNATURE	TE SIGNED							
	Valent (-)	15/72							
	23C. PHYSICIAN'S NAME (Type)  23C. PHYSICIAN'S NAME (Type)								
	VANIEL G.	JAPIR DEGREE	JOHNS	HOPEM					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)  BINALL Specify  B/28/72 St. Mary S. Com.  Peterwell . Mary  25B. NAME OF REGISTRARY SYSC. FUNERAL DIRECTOR ADDRESS									
								25	AUG25 1972
V:	5 150-REV. 1/1/68	11000	1771	Car Car II					



IMPORTANT

FUNERAL DIRECTOR:



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1	3-326		72 08:	146			TH DEPARTMEN		REG. NO.	72 0	8146
	NAME OF DEC		12 00.	LIO	CEKTIFI	CATE	OF DEAT	Н		OF MA	RYLAND-DHMH
	pe or Print)		Villiam B	utche	70		2. DA1	E AND HOL	JR OF DEATH		2 15
3.	PLACE IN BAL		AND, WHERE PR			4, U.	UAL RESIDENCE ATE B. C	IWhere dece	osed lived. If in	172   n stitution: res	sidence before odmission)
FL	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)						ryland Y OR TOWN		D. INS	IDE CITY LIA	307 MITS?
1	91					Ba	ltimore			YES 🔀	№ □
	Keswick	Home of	Baltimo	re Ci	ty	E. ST	REET AND NUMB	ER			
5.	SEX	6. RACE	7- MAR	MED [] A	IPUED 114 001-	C 8 DA	E OF BIRTH	IO ACE	(In yeors	1 16 11 1	
	M	W	1	WED 1	IEVER MARRIED	112	13-81	last bir	thđoyl	If Under Months	Doys Hours Min.
10/	USUAL OCCI	JPATION (Givs ki	nd of work 10B, KIN				THPLACE (Stole o	r foreign cou		12. CITIZI	EN OF WHAT COUNTRY?
	e during most of the Fireman	working life, evsn i		a Col	a Co.	We	st Virgin	nia		USA	
_	FATHER'S NA		000	a 001	.a 00;	14. M	OTHER'S MAIDEN	NAME		0.57	
		hn Butch				Vi	rginia B	introducer.	?		
15. (Ye	Was Deceased s, no or unknown)	Ever in U. S. A	rmed Forces? or or dotes of serv	lce) 1 6.	SOCIAL SECURITY NO.	17. IN	ORMANT				ADDRESS
	No			21	.6-07-57	35 Dr	.R.M.Smi	th	Seve	rna Pa	ark
CERTIFICATION	OTHER SIGNIF TO THE DEAT DISEASES O	LEADING TO all mean the mashenia, elc. if pplication which ANTECEDENT ( DR CONDITION DR STATE CONDITION  I CANT CONDITION  ICANT CONDITION  ICANT CONDITION  OR CONDITION  ICANT CONDITION  OR CONDITION  ICANT CO	node of dying, I means the disc caused dooth.) CAUSES IS, if any, gi se (A) stating last.  DAS CONTRIBUTI TED TO THE TERMIT N IN PART 1 (A).	ving the	(b) DUE TO, C	E CAUSE C R AS A CON: DR AS A CON: Q UM	refral pequence of:	asculu of ker	keylef	diet Isis Floo	7 4rs.
ERTIF	19A DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED								IF YES, WERE ERTIFYING CA	FINDINGS OF D	CONSIDERED EATH?
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY I.e.g., In home, form, fociory, street, officed by the property of the pro						HISTORY OCCU	R?	(If in Boltimer	e City, give	exoct locotion)
MEDICAL	21D. TIME OF INJURY (APPROX.)	(Month) (Doy)	(Yeor)   Hour	21 & INJU While At Work		While	21 F. HOW DID	INJURY O	CCUR7		
									19 FZ		
	that (1) (we) last saw the deceased alive an 23. (16 9 19 10 and that in (my) (our) apinion death accurred an th										
	and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.								, a contra di fino dato		
	23A. SIGNATURE					Attending [	n Med. I	/	7	23B, DATE	SIGNED
	23 C. PHYSICIAI NAME (Ty		Ticha	kd No	CCA DEGREE	Phys. L		Shoff Phys.		d) k	sag 191C
244	BURIAL CREA REMOVAL (S	MATION, 248.	chardson 24	C, NAME	of CEMETERY O	CREMATO	700 W. 4	40th St		ty, town, or	county) (State)
_	Burial				Haven C				Burnie	•	
		BY HEALTH DE		ME OF REC			FUNERAL DIREC	CTOR		•	ADDRESS rnie, Md.
VŠ	150-REV. 1/1/6	8	1				1	6.0			

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72 08147 STATE OF MARYLAND-DARK BALTIMORE CITY HEALTH DEPARTMENT

MAEDICAL	EXAMINER'S	CEDTIEICATE	OF DEATH
MEDICAL		C.EK LIFIC.A LE	OF DEATH

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	12 08141							
BIRTH NO.		V 10							
1. NAME OF DECEASED (Type or Print)	2. DATE Known (25) Month Day OF Estimated (1) 8 22	72 Hour							
Catherine Zeihm 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted   8 22	Year Haur							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 8 22								
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution	М.							
Provident Hospital	A. STATE AB. COUNTY	: residence before admission)							
	Md.	71. 111.170							
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?								
female   White   WIDOWED   DIVORCED	Balto. YES NO L								
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.	E. STREET AND NUMBER								
VAN.19-1887 7985	4921 Leeds Avenue								
11. BIRTHPLACE(Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME								
12/1/D. 1/20 - 1/0)-H.	FERDINAND SIEHN								
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' dane during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME								
SEAMSTRESS	PERTHA WALTER	9							
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or junknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	1/73	DDRESS A 2/217							
1/0 218-05-6925		NDENHE 2122/							
19. CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease									
LEADING TO DEATH  (A) IMMEDIATE CAUSE									
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,									
injury ar camplication which caused death.)									
ANTECEDENT CAUSES (B)									
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE									
UNDERLYING CONDITION LAST.									
S II									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)							
		no							
	in ar about 22C. WHERE DID (If in Baltimore City, give exacte bldg., etc.) INJURY OCCUR?	oct location)							
UNDERLYING OR CONTRIB-									
22D. TIME (Month) (Doy) (Yeor) (Haur) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?								
(ADDROV)	WHILE VORK								
23.									
I certify that I held an Inquiry Inspection XX Au	and that on this basis, death In my	opinion							
resulted fram: Natural causes XX Accident Suicident	resulted fram: Natural causes XX Accident Suicide Hamicide Undetermined manner								
The same	CHIEF MEDICAL EXAMINER	DATE SIGNED							
ACTUAL SIGNATURE TY MEDICAL ME	ASSISTANT MEDICAL EXAMINER XXX								
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	8/23/72							
NAME (Type)	CDEANA TORY	(0.1)							
24A. BURIAL CREMATION, REMOVAL (Specify)	11/2 PC 1825(1)	(State)							
BURIAL HUB 25-72 31/14023 AUT	ERAN CEMETERY ABERDEEN	1 120							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR A	DDRESS 216 =123 5.CHARLES ST							
AUG25 1972 Dedwer hillowton	KRAUSEFUNERALHOME .	S. CHARLES ST							
VC 151 PEV 1/1/49	1 1 1 0								

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0		Y HEALTH DEPARTMENT 72 US148
PID	72 08148 CERTIFICA	ATE OF DEATH REG. NO.
1. N	AME OF DECEASED	2. DATE AND HOUR OF DEATH
(Ту	BOEHNE MERLE E	AUGUST 21, 1972   6:55A N
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fixed. If institution; residence before admission) A. STATE B. COUNTY
EII	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND BALTIMORE
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
		BALTIMORE YES NO)
	ST. AGNES HOSPITAL	E. STREET AND NUMBER
		100 DORCHESTER RD 21207
5. 9	EX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yoors If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
F	EMALE CAUCASIAN WIDOWED DIVORCED	02/16/03   69
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY aduring most of working life, even if refired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	YPIST INSURANCE CO	MARYLAND U.S.A.
-	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-	SERENI OU OTE INI OUES	ENMA MADE CTE IMA CHER
-  S-	REDERICK STEINACKER Was Doceosed Ever in U. S. Armod Forces? 16. SOCIAL	EMMA WADE STEINACKER  17. INFORMANT  ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotos of service)   SECURITY NO.	
N		3 ST. AGNES HOSPITAL RECORDS
	18. CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	451
	(A)IMMEDIATE CAL	A CONSEQUENCE OF:
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
	ANTECEDENT CAUSES	95CVU-
	(B)	S A CONSEQUENCE OF:
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSCOURNCE OF
	UNDERLYING CONDITION Iosi. (C)	
7	11	obetes mellitus
HON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	able meltiles
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
ERTIF	WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (o.g., OR CONTRIBUTING CAUSE OF homo, form, foctory, street, or	
AL	OR CONTRIBUTING CAUSE OF homo, form, foctory, street, of otc.)	iffice bldg., INJURY OCCUR?
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ME	OF INJURY While At Not Whi	ile 🗖
	WORK Z AT WORK	
	22. 1 certify that (1) (this haspital) attended the deceased fram	UGUST 18 19 72 10 AUGUST 21 1972
	that (I) (we) last saw the deceased alive an AUGUST ZI	and that In(my) (aur) aplnian death accurred an the da
	and haur and from the causes stated above. (1) (We) (did) (dld nat)	view the bady after death.
	23A. SIGNATURE	23B, DATE SIGNED
	DEGREE Phy	ending Med. Staff. Staff.
	23C. PHYSICIAN'S	23D. ADDRESS AVES BALTO, MD 21229
	JOSE APTER, M.D.	ST AGNES HOSPITAL : CATON & WILKENS
24/	DEGREE  1. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	
	REMOVAL (Specify)  8-24-7-1 Park	C n. IT.
	I had been a long to the long	com. Bruenny,
25/	DATE REC'D' BY HEALTH DERTY . 258. NAME OF REGISTRAR	25C-FUNERAL DIRECTOR ADDRESS
25/	ALIG25 1972 TILLING SERVICE STREET ST	
	AUG 25 1912 258. NAME OF REGISTRAR  AUG 25 1912 258. NAME OF REGISTRAR  150-REV. 1/1/68	Terley Devanage her & Elevilia

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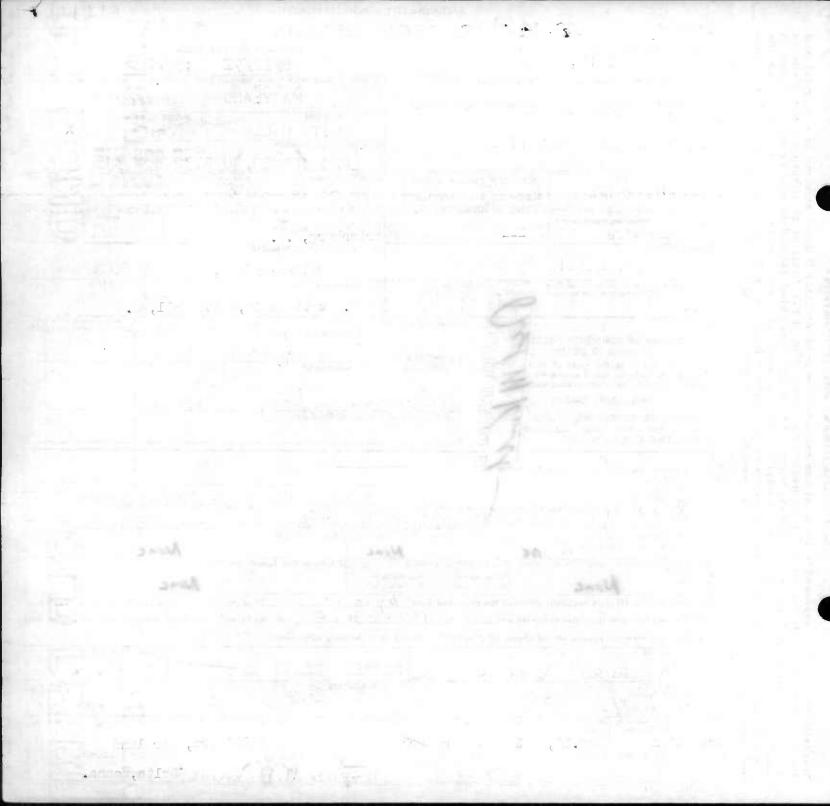
O PURPOSE MATTERON SESSON . TO SESSON SESSON

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O.M. ASTRE SEEDING

	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the leceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such vritten approval must be obtained before the remains are embalmed or final disposition is made.
ANT	stant if death occur ie direct or contril ind; (4) Undetermir eath was in regul on the deceased al disposition is ma
TOR: IMPORT	miner or his assistance. Also, if the fracture of any kind pronounced degular attendances embalmed or fin
FUNERAL DIRECTOR: IMPORTANT	his certificate must be approved by the chief medical examiner or his assistant if death occurred he body was released to the hospital by a medical examiner. Also, if the direct or contributive hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined vas D.O.A. at a hospital (except where the physician who pronounced death was in regular elecased prior to death); and (6) No physician was in regular attendance on the deceased privritten approval must be obtained before the remains are embalmed or final disposition is made.
•	nust be approved by ileased to the hospita cident of any nature; hospital (except when to death); and (6) No il must be obtained by
	his certificate must be he body was released hows: (1) An accident ovas D.O.A. at a hospitaleceased prior to death vritten approval must l

ΛΙ>	BALTIMORE CITY	HEALTH DEPARTMENT		72 08149					
N-150 72 08149	CERTIFICA	TE OF DEATH	REG. NO.						
(Type or Print) NEVIN, PAULINE			2/72 1;5	5PM   M					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in:	stitution: residence before admission)					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO	N. GIVE STREET	MARY		Harford 5					
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?					
TATION OF THE PROPERTY.		WHITE HAL	L	YES NO X					
JOHNS HOPKINS HOSPITAL		E. STREET AND NUMBER							
25		LONG CORNE	R RD RT32	BOX 317					
FEMALE WHITE WIDOWED	NEVER MARRIED DIVORCED	03/21/18	9. AGE (In years lost birthday) 54	Months Doys Haurs Min.					
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY					
done during most of working life, even # refired)  Housewife	C.	owt onburne N O		USA					
13. FATHER'S NAME	S)	artanburg N.C.	ME	004					
MOSER, LESLIE	1 me = 3	HIGHBE	RGER, NET	TIE FERN					
(Yes, no or unknown) (If yes, give war or dates of sante)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS					
No 2	210 09 21	7 K. Scott Nev	in, White Ha	11.Md.					
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	Inabitety	to come of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
LEADING TO DEATH & (A) IMMEDIATE CAUSE COLOR RESPONSATING BY PLOSS 3									
heart failure, asthenia, etc. It means the assess.	heart failure, asthenia, etc. it means the assets.								
Injury or complication which caused death									
> 2	(B) Cora	uns Hoter	Misce	4					
DISEASES OR CONDITIONS, If any, which		A CONSEQUENCE OF:							
rise to the above cause (A) stating the UNDERLYING CONDITION last	(c)								
11 7									
TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
TO THE DEATH BUT NOT RELATED TO THE TERMINAL -									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL - DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198. CONDITION FOR WHILE WAS PERFORMED  21A. A GUIDENT WAS UNDERLYING 1 7 (2) FLA	CH OPERATION	20A. AUTOPSTETTES OF No	IN CERTIFYING CAL	INDINGS CONSIDERED					
30/22 Coronary art	of Miseur	· Yls	pro						
OR CONTRIBUTING CAUSE OF home	arm, factory, street, of	or about 210 WHERE DID	(It In Baltimate	e City, give exact location)					
S DEATH (natily medical examined NONE stal	No.	nc	/	Idac					
II MI IOP MALLERY	JURY OCCURRED	21.F. HOW DID INJ	URY OCCUR?						
(APPROX.) None White Work	Not While		Non	C					
22. I certify that (I) (this hospital) attended the d	legeased from N	sux 20	19 22 to A	my 22 19 /2					
that (i) (we) lost saw the deceased alive on		19 72 and th	at in (my) (our) opin	nion death occurred on the dote					
and hour and from the causes stated obove. (1) (Y									
23A. SIGNATURE		23B DATE SIGNED							
1 /hanhard Came	Physi	nding Med.	Stoff Phys.	1 8/22					
23C-PHYSICIAN'S	DEGREE	23D. ADDRESS	/	· 1 Balt					
MAME (Type)		10 hrs	Header	is them me!					
24A. BURIAL CREMATION, 24B. DATE   24C. NAME	DEGREE E al CEMETERY of CRE	MATORY 24D. L	OCATION (CI	ly, lown, or county (State)					
REMOVAL (Specify)	oudon Park		Baltimore, M						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTOR		ADDRESS					
AUG25 1972 / wy 12	and	JOHN H. F		elta, Penna.					
VS 150-REV. 1/1/68									



STATE OF MARYLAND-DHMH 72 08150 BALTIMORE CITY HEALTH DEPARTMENT 72 08150 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. I. NAME OF DECEASED X DATE Known Month Hour (Type or Print) HESTER GATERS OF August 24, 1972 7:10 A. M Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Hour Month Doy PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) August 24, 1972 7:10 A. OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) B. COUNTY A. STATE Bon Secours Hospital Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS? 6. SEX 7. RACE 8. MARRIED NEVER MARRIED Remale Negro YES X WIDOWED . DIVORCED . Baltimore E. STREET AND NUMBER 9. DATE OF BIRTH 0.AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. lost birthday) 319 N. Mount Street 13. FATHER'S NAME 11. BIRTHPLACE (Cinte at foreign country) 12, CITIZEN OF WHAT COUNTRY? South CARO INA

14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if refired) JANI 16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (II yes, give wor or doles of service) 17. SOCIAL SECURITY NO. IB. INFORMANT **ADDRESS** N. MOUN APPROXIMATE INTERVAL 19. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A)IMMEDIATE CAUSE Fatty metamorphosis of liver LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliure, asthenia, etc. it means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c)\_ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Baltimore City, give exact location) home, farm, loctory, street, office bidg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month)
OF INJURY 22F. HOW DID INJURY OCCUR? 22E.INJURY OCCURRED (Year) (Hour) WHILE AT NOT WHILE I (APPROX.) WORK AT WORK 23. Autopsy X I certify that I held an Inquiry ond that on this basis, death in my opinion Inspection resulted fram: Natural causes X Accident Sulcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER K SIGNATURE **EXAMINER'S** Marvin S. Platt, M.D. ASSOCIATE MEDICAL EXAMINER August 24, 1972 NAME (Type) 24A, BURIAL CREMATION. 24C, NAME of CEMETERY or CREMATORY 24B, DATE 24D. LOCATION (City, town, or county) (Stote)

EXAMINER'S NAME (Type)

24A. BURIAL CREMATION, REMOVAL (Specify)

BURIAL Specify

25B. NAME OF REGISTRAR

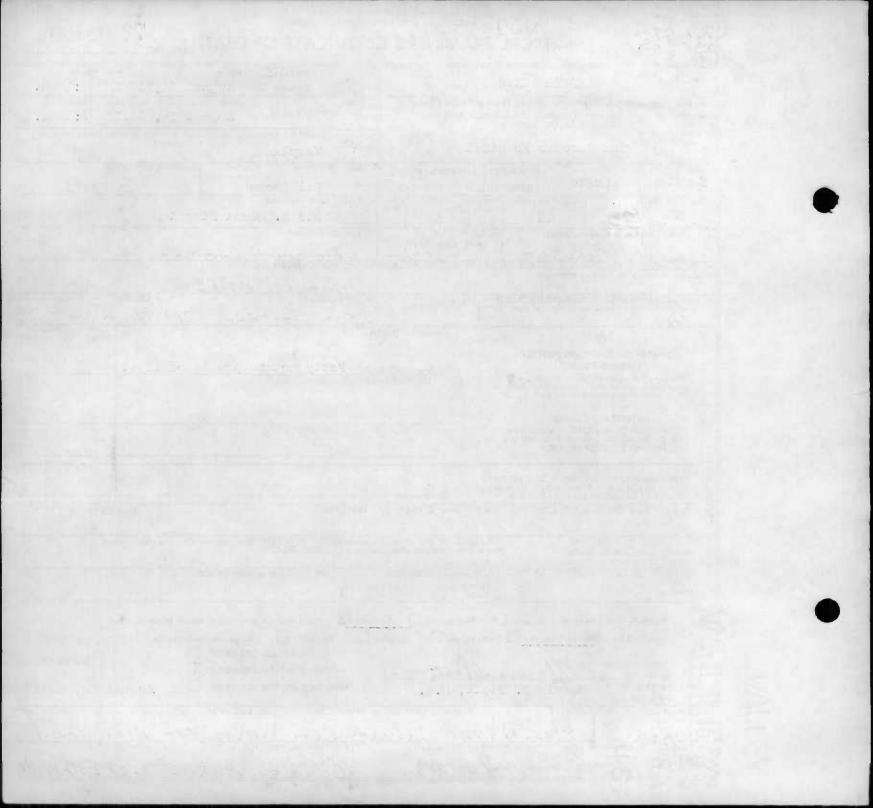
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25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

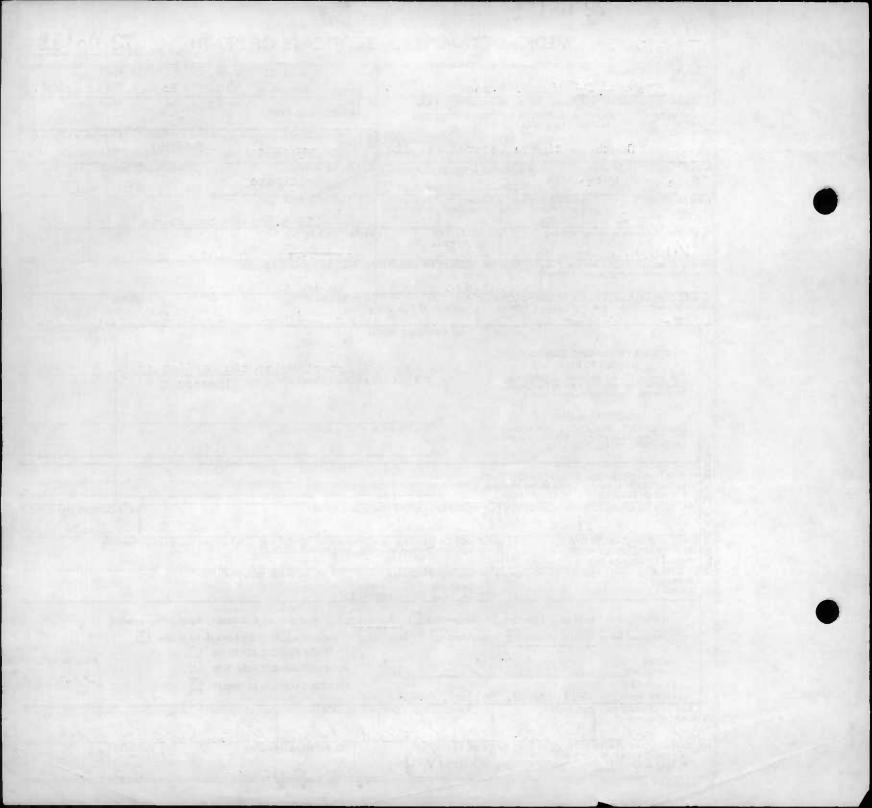
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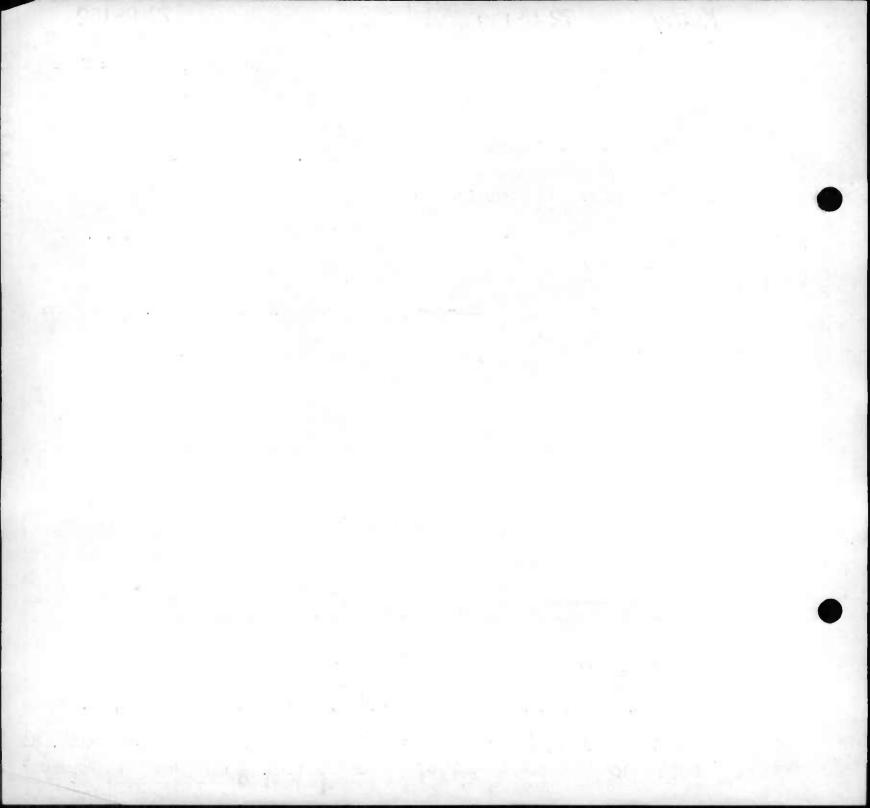
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STATE OF MARTI	AND-DHMH EALTH DEPARTMENT	
		MO OCIETI
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. N	10 /2 USIDE
I NAME OF DECEASED		
(Type or Print) TAN HODE John W. Ayres	OF 511 17 0 25	72 8:10A. M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 8 25	72 8:10 A M
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if Institu	
South Baltimore General Heepital		
6. SEX 7. RACE 8. MARRIED THEVER MARRIED		E CITY LIMITS?
Male White WIDOWED DIVORCED	Roltimoro	YES X NO
9. DATE OF BIRTH   10. AGE (In years   # Under 1 Yr.    Under 24 Hrs.     lost birthday   Months; Days; Haurs; Min.	E. STREET AND NUMBER	165 625 140 63
9/19/12 59	128 S. Arlington Aven	าแค
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	1
VITOINIO WHAT COUNTRY?	Stantes Oscar A	yres
done during most of working life, even if refired)	15. MOTHER'S MAIDEN NAME	/
Shipyard	Lucie Ayres	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? / 17. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	18. INFORMANT	ADDRESS BALTO
ves wwi	Mrs. F.L. Avres 128 S. Ar	lington, MO.
CAUSE OF DEA	ATH /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (A)IMMEDIATE	CAUSE Arteriosclerotic cardiova	ascular
(This does not mean the made of dying, e.g., heart foliure, asthenia, etc. it means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF: disease	
injury or complication which coused deoth.)		
ANTECEDENT CAUSES (B)		
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITION EAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
22A EVERNIA CALICE INC.		Yes
UNDERLYING OR CONTRIB. home, form, loctory, street, affice	In or about 22C, WHERE DID (If in Baltimore City, give to bldg., etc.) INJURY OCCUR?	exact location)
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 122E-INJURY OCCURRED		
OF INJURY	T WHILE -	
	WORK L	
	stopsy and that on this basis, death in r	was and allow
resulted from: Natural causes Accident Suicident		
Accident Solicit	de Homicide Undetermined manne	Pr []
ACTUAL SIGNATURE DE Phillogo	ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
Z Miles		8-25-72
EXAMINER'S NAME (Type) William P. Mulloy, M.D.	ASSOCIATE MEDICAL EXAMINER	0-25-72
24A. BURIAL CREMATION, 124B, DATE 124C, NAME of CEMETERY	or CREMATORY 24D. LOCATION (Chy, In	own, ar county) (State)
REMOVAL (Specify) 8/50/97 / 1 / D	1. + 0. 10 1/ 1/10	***
25A. DATE REC'D BY HEALTH DEPT. / 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG28 1972 They Salverton	01 0 10 10 210	I Trederick and
1000001015	Dev. La Schurty me.	Belt. Mr.
VS 151-REV. 1/1/68		

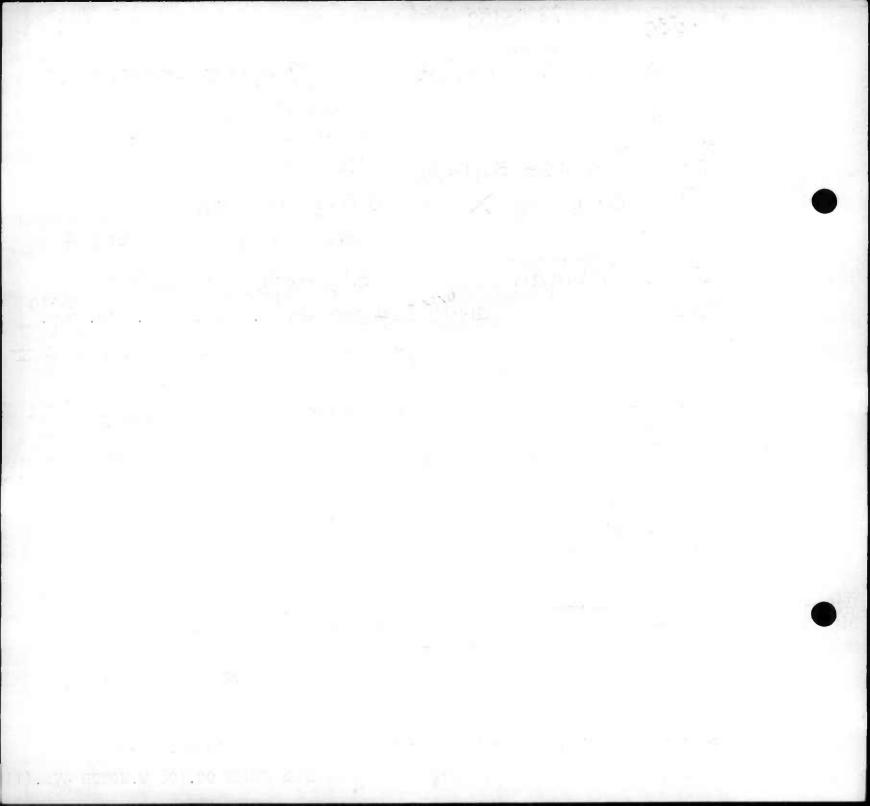


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the was in regular attendance or the was an above the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	3
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This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined contributions. Co.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased privarity approval must be obtained before the remains are embalmed or final disposition is made.	2
- w S TJ S	11

1	1 1211 190	004-	BALTIMORE CITY	HEALTH DEPARTMEN	T	70	08152		
BIRT	H N6:24	0815	CERTIFICA	TE OF DEATH	Registered No				
M.E	AME OF DECEASED		174.5		STATE	OF M	ARYLAND-DHAH		
	e or Print)		4.3.5			000	2.27 D		
3. 1	Rose Kragl	ARYLAND		AU	gust 22nd, 1	972	2:27 P M		
	EACE OF DEATH IN BALTIMORE M	ARIEAND		A. STATE B. C	OUNTY	15(1101101	7		
	FULL NAME OF (If not in hospito	l or institution,	give street	Maryland			101		
	NSTITUTION OCCUPES OF ICCOM	on)			If outside city limits, write	RURAL	ond give township)		
2	Tabasa II-salaisa II			Baltimore					
1	Johns Hopkins Ho	ospitai		D. STREET ADDRESS	(If rurol, give locotion) Decker Avenu	A			
		T	NEVER MARRIED						
5. 5		8. DATE OF BIRTH	9. AGE (In years lost birthday)	Mont	nder 1 Yr. If Under 24 Hrs.				
I	Female   White		o, Divorced (specify)	12/22/88	83				
	USUAL OCCUPATION (Give kind of wo during most of working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. 0	TITIZEN OF		
-		Noi	26	Yugoslavia	ı		U.S.A.		
	IOUSEWITE	1401	.10	14. MOTHER'S MAIDEN			0.D.A.		
				II.					
	eorge Vosohlo		1.	Unknown					
Ye:	Was Deceased Ever in U, S, Armed Formation or unknown) (If yes, give wor or do	orces? ites of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
	No None		212-01-3727	B Ladisla	v Kragl 622	N.	Decker Ave		
_	18. 4 1 9 3		CAUSE O		THE COLL		INTERVAL BETWEEN		
	DISEASE OR CONDITION D	IRECTLY					ONSET AND DEATH		
	LEADING TO DEATH	1	(A) Ather	rosclerotic he	eart Disease.				
	(This does not meon the mode of		DUE TO				***************************************		
	hearl failure, asthenio, etc. Il mean injury or complication which cause								
	ANTECEDENT CAUSES (B)								
	DISEASES OR CONDITIONS, if ony, giving								
	rise to the obove couse (A)								
	UNDERLYING CONDITION lost.								
	11								
O	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL								
ATIO	DISEASE OR CONDITION CAUSING								
CERTIFIC		NDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDIN USES C	GS CONSIDERED		
ERT			Lat. 75.75 LK						
	OR CONTRIBUTING CAUSE OF	21 B	LPLACE OF INJURY (e.g., in ne, form, foctory, street, of	fice bidg. INJURY OCCU	D (If in Boltimor R?	e City,	give exoct location)		
CAL	DEATH (notify medical examiner)	etc.							
MEDIC	21D. TIME (Month) (Doy) (Yeor	r) (Hour) 21E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?				
ξ	OF INJURY (APPROX.)		ile At Not While	e 🗍					
		Wo		7 10	10- MA	17-17	10 00		
	22. I certify that (I) (this hospite	el) ottended t	he deceased from	4-7-	19 68 to MA	CH	17, 1972		
	that (1) (we) last sow the deceas	sed olive an	MARCH 17	19 / 2 on	d that in <del>(my</del> ) (our) opi	nion d	eoth occurred on the dote		
	ond hour and from the couses st	oted obove. (	1) (We) (did) (did not) v	iew the body ofter dec	oth.				
	23A. SIGNATURE					23 B. E	ATE SIGNED		
	Just to	m Tron	of un n M.D. Atte	ending Med.	Stoff	A.	- 1 07 3050		
	23C. PHYSICIAN'S	- 10	1119	s. Director L	Phys.	At	gust 23, 1972		
	NAME (Type)						and an and		
	Melito M. Torres,	M.D.	M.D.	441 S. Ellwoo	od Avenue, Bal	timo	re, Md. 21224		
24#	REMOVAL (Specify) 24B. DATE	24C.N	AME of CEMETERY OF CRE	MATORY 24	D. LOCATION (C	ity, tow	n, or county) (State)		
	Burial 8/25/	72 Boh	emian Nation	mal	1300 Hoeners	5 T.	ane Balto. Md		
25 A	DATE REC'D BY HEALTH DEPTY	-	OE REGISTRAR	25C. FUNERAL DIREC	CTOR	-	ADDRESS		
	AUG28 1972	ducy by	hostone	Frederick	D. Miller In	nc 3	3019 Monument		
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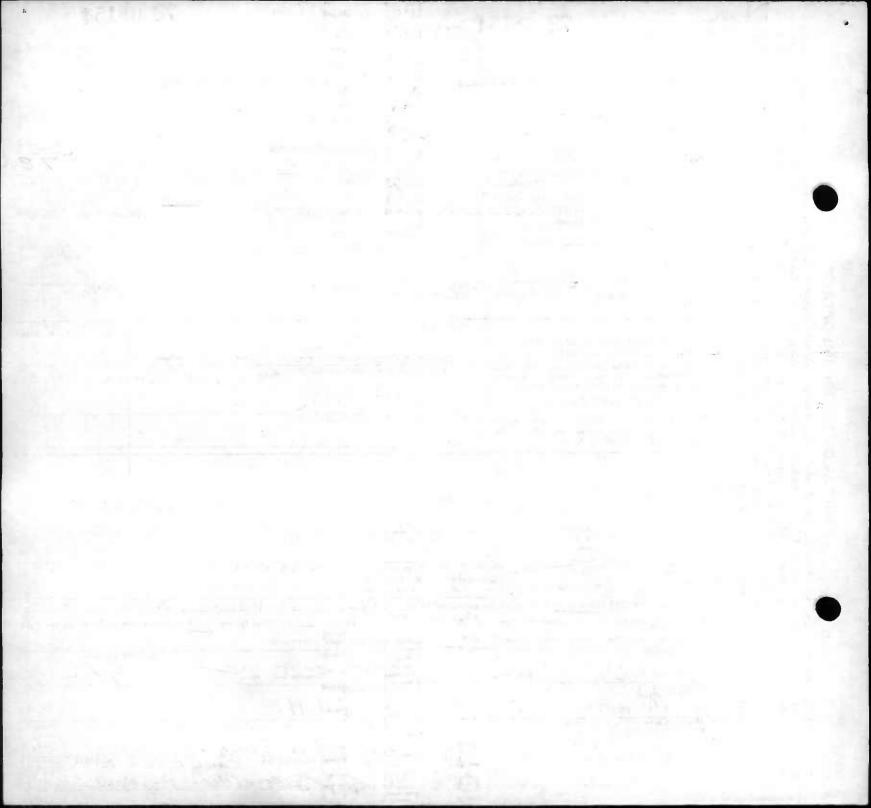
	-530	72 (	8.153	BALTIMORE CIT	Y HEALTH DEPARTMENT		72 08153
	RTH NO.			CERTIFICA	TE OF DEATH	STATE	OE MARYLAND-DHMH
	Pe or Print	MARGUER	TIE	. 11		ND HOUR OF DEATH	
3,	PLACE IN BALTIMORE		PRONOUNCE	D DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ele deceased lived If	institution: residence before admissi
FIHA	JLL NAME OF (IF I OSPITAL OR AD ISTITUTION	NOT IN HOSPITAL OF	R INSTITUTION	. GIVE STREET	Maryland c. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
1	Keswick				Baltimore E. STREET AND NUMBER		YES 🕱 NO 🗌
1	700 W-	40th St.	Bayto	s.Md.	3307 Egerto	n Road	
	FC	au wid	OWED	DIVORCED	8. DATE OF BIRTH OCT - 29, 1878	9. AGE (In years last birth lay)	ff Under 1 Yr.    Under 24   Manths Doys Haurs Min
do	A. USUAL OCCUPATION  10 during most of working life  NONE	[Give kind of work]108, K e, even if refired]	IND OF BUSIN	NESS OR INDUSTRY	11. BIRTHPLACE (State or fore	•	12. CITIZEN OF WHAT COUNTY
13.	FATHER'S NAME	TOWN HOTIMA	AT.		14. MOTHER'S MAIDEN NA		V 3 A
15	slaha t	TODM AC	)		Elizabeth	Schro	eder
(Yo	Was Decoased Ever in L s,na ar unknawn) (If yes,	give wer at dates of s	ervicel SI	CURITY NO.	Daug	hter	ADDRESS 21.21(
-	18.4.10.9		1218	-52-2284 CAUSE OF DEAT	Katherine S	.Korff,11	6 W. Univ. Pkwy.
		I ONDITION DIRECTLY		0.0	earfiel me	1. 1.	BETWEEN ONSET AND DE
	LEADING	G TO DEATH		(A) IMMEDIATE CAU	ISE	Rection	Imme dea
	(This does not mean heart failure, asthenia,	elc. Il means the d	isease.	DUE TO, OR AS	A CONSEQUENCE OF:	1:	***************************************
	injury or complication	Which caused death, DENT CAUSES	.)	Carter	ios digitie	Ocertico	15 grs -
	DISEASES OR CONI	DITIONS, if any,	giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		<u> </u>
	rise la lhe abave UNDERLYING CONDI	cause (A) statin	g the	(c)			
11		П		(			
-			ITINIC				
HON	OTHER SIGNIFICANT CO TO THE DEATH BUT NO	TREIATED TO THE TERA	ALNIAL				
FICATION	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATION	TRELATED TO THE TERM I GIVEN IN PART 1 (A), ON 1198, CONDITION	I FOR WHICH	OPERATION	20A. AUTOPSY? (Yes ar No	208, IF YES. WERE	FINDINGS CONSIDERED
RTIFIC	DISEASE OR CONDITION 19A-DATE OF OPERATION	TRELATED TO THE TERM I GIVEN IN PART 1 (A). ON 198. CONDITION WAS PERFORME	I FOR WHICH		no	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CAL CERTIFIC	DISEASE OR CONDITION	IT RELATED TO THE TERM I GIVEN IN PART 1 (A). ON 198. CONDITION WAS PERFORME. JINDERLYING CAUSE OF	I FOR WHICH		20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  Te City, give axact lacation)
CAL CERTIFIC	DISEASE OR CONDITION 19A-DATE OF OPERATION 21A-ACCIDENT WAS LOOK CONTRIBUTING OPERATE (Manth) 21D-TIME (Manth)	IT RELATED TO THE TERM I GIVEN IN PART 1 (A). ON 198. CONDITION WAS PERFORME. JINDERLYING CAUSE OF	FOR WHICH D 21 B. PLACE hame, farm etc.) 21 E. INJUR	OF INJURY (e.g., in factory, street, aff	no	IN CERTIFYING CA	
DICAL CERTIFIC	DISEASE OR CONDITION 19A-DATE OF OPERATION 21A-ACCIDENT WAS LOOK CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	IT RELATED TO THE TERN I GIVEN IN PART 1 (A), ON 198. CONDITION WAS PERFORME. UNDERLYING CAUSE OF EXAMINE!	FOR WHICH D 21 B. PLACE hame, farm etc.)	OF INJURY (e.g., in factory, street, aff	or about 21 C, WHERE DID ice bldg., INJURY OCCUR?	IN CERTIFYING CA	
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MEDICAL CERTIFIC	DISEASE OR CONDITION 19A-DATE OF OPERATION 21A-ACCIDENT WAS LOR CONTRIBUTING OPERATION OR CONTRIBUTING OPERATION OF INJURY (APPROX.)  22. I certify that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	IT RELATED TO THE TERN I GIVEN IN PART 1 (A).  ON 198 CONDITION WAS PERFORME  JNDERLYING CAUSE OF examines  (Dayl (Year) (Hause) thirs hospital) other	21B. PLACE hame, farm etc.)  21E. INJUR While At Wark	OF INJURY (e.g., ir, factory, street, off	21F. HOW DID INJ	(If In Baltimate URY OCCUR?	City, give axact lacation)
MEDICAL CERTIFIC	DISEASE OR CONDITION  19A-DATE OF OPERATION  21A-ACCIDENT WAS LOOK CONTRIBUTING CONTRIBUTING CONTRIBUTING COPERATION  21D-TIME (Manth)  21D-TIME (Manth)  21D-TIME (Manth)  22. I certify that (I) (that (I) (that) last saw and haur and from the	IT RELATED TO THE TERN I GIVEN IN PART 1 (A).  ON 198 CONDITION WAS PERFORME  JNDERLYING CAUSE OF examines  (Dayl (Year) (Hause) thirs hospital) other	21B. PLACE hame, farm etc.)  21E. INJUR While At Wark	OF INJURY (e.g., ir, factory, street, off	21c, WHERE DID ice bldg., INJURY OCCUR?	(If In Baltimate URY OCCUR?	re City, give axact lacation)
MEDICAL CERTIFIC	DISEASE OR CONDITION 19A-DATE OF OPERATION 21A-ACCIDENT WAS LOR CONTRIBUTING OPERATION OR CONTRIBUTING OPERATION OF INJURY (APPROX.)  22. I certify that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	IT RELATED TO THE TERN I GIVEN IN PART 1 (A).  ON 198 CONDITION WAS PERFORME  JNDERLYING CAUSE OF examines  (Dayl (Year) (Hause) thirs hospital) other	21B. PLACE hame, farm etc.)  21E. INJUR While At Wark	OF INJURY (e.g., ir, factory, street, off	21F. HOW DID INJ	URY OCCUR?	City, give axact lacation)
MEDICAL CERTIFIC	21A. ACCIDENT WAS LOR CONTRIBUTION  21A. ACCIDENT WAS LOR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION  21D. TIME (Manth)  22. I certify that (I) (that (I) (that (I) (that)) last saw and haur and fram the contribution contribution.	IT RELATED TO THE TERN I GIVEN IN PART 1 (A).  ON 198 CONDITION WAS PERFORME  JNDERLYING CAUSE OF examines  (Dayl (Year) (Hause) thirs hospital) other	21B. PLACE hame, farm etc.)  21E. INJUR While At Wark	FOF INJURY (e.g., ir, factory, street, of the control of the contr	ar about 21C, WHERE DID lice bldg., INJURY OCCUR?  21F. HOW DID INJ  21F. HOW DID INJ  21F. How did not the lice with body ofter deoth.	(If In Baltimate URY OCCUR?	nion deoth occurred on the de
MEDICAL CERTIFIC	DISEASE OR CONDITION  19A-DATE OF OPERATION  21A-ACCIDENT WAS LOOK CONTRIBUTING CONTRIBUTING CONTRIBUTING COPERATION  21D-TIME (Manth)  21D-TIME (Manth)  21D-TIME (Manth)  22. I certify that (I) (that (I) (that) last saw and haur and from the	IT RELATED TO THE TERN I GIVEN IN PART 1 (A).  ON 198 CONDITION WAS PERFORME  JNDERLYING CAUSE OF examines  (Dayl (Year) (Hause) thirs hospital) other	21B. PLACE hame, farm etc.)  21E. INJUR While At Wark	FOF INJURY (e.g., ir, factory, street, of the control of the contr	21F. HOW DID INJ	URY OCCUR?	nion deoth occurred on the de
MEDICAL CERTIFIC	DISEASE OR CONDITION 19A-DATE OF OPERATION 19A-DATE OF OPERATION 21A-ACCIDENT WAS LEADED ON CONTRIBUTING OF CONTRIBUTING OF INJURY (APPROX.) 22. I certify that (I) (Control of Injury (APPROX.) 22. I certify that (I) (Control of Injury (APPROX.) 23A-SIGNATURE 23A-SIGNATURE 23C-PHYSICIAN'S NAME (Type)	IT RELATED TO THE TERM I GIVEN IN PART 1 (A).  ON 19E. CONDITION WAS PERFORME.  JNDERLYING CAUSE OF examiner  (Dayl (Year) (Hause) the deceased ally a couses stated about	218. PLACE hame, farm etc.)	FOF INJURY (e.g., ir, factory, street, of the control of the contr	21F. HOW DID INJ 21F. H	IN CERTIFYING CA  (If In Baltiman  URY OCCUR?  19 2 to  of In(my) (eus) api  Shaff Phys.	nion deoth occurred on the do
WEDICAL CERTIFIC	21A. ACCIDENT WAS LOR CONTRIBUTION  21A. ACCIDENT WAS LOR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION  21D. TIME (Manth)  22. I certify that (I) (that (I) (that (I) (that)) last saw and haur and fram the contribution contribution.	IT RELATED TO THE TERM I GIVEN IN PART 1 (A).  ON 19E. CONDITION WAS PERFORME.  JNDERLYING CAUSE OF examiner  (Dayl (Year) (Hause) the deceased ally a couses stated about	218. PLACE hame, farmete.)  218. PLACE hame, farmete.)	CEMETERY OF CREE	ar about 21 C. WHERE DID ice bldg., INJURY OCCUR?  21F. HOW DID INJ  21F. HOW DID INJ  21F. HOW DID INJ  31F. HOW DID INJ  44F. How the body ofter deoth.  44F. How Director  3D. ADDRESS	IN CERTIFYING CA  (If In Baltiman  URY OCCUR?  19 2 to  ot In(my) (aux) api  Shaff Phys	re City, give axact lacation)  The City, give axact lacation)
WEDICAL CERTIFIC	21A. ACCIDENT WAS LOR CONTRIBUTION 19A.DATE OF OPERATION 21A. ACCIDENT WAS LOR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION 21D. TIME (Manthi OF INJURY (APPROX.) 22. I certify that (I) (that (I) (	IT RELATED TO THE TERM. IGIVEN IN PART 1 (A). IGIVEN IN PART 1 (A). IN 198. CONDITION WAS PERFORME  JNDERLYING (Dayl (Year) (Haur this hospital) otter the deceased ally a couses stated above  248. DATE  8/28/72	218. PLACE hame, farmete.)  218. PLACE hame, farmete.)	eased from DEGREE Phys.  CEMETERY or CREI  Park Ce	ar about 21C, WHERE DID ice bidg., INJURY OCCUR?  21F. HOW DID INJ  22F. HOW DID INJ	URY OCCUR?  19 2 to ot In(my) (each api  Shoff Phys. Carlon (Ci Baltimore)	nion deoth occurred on the de



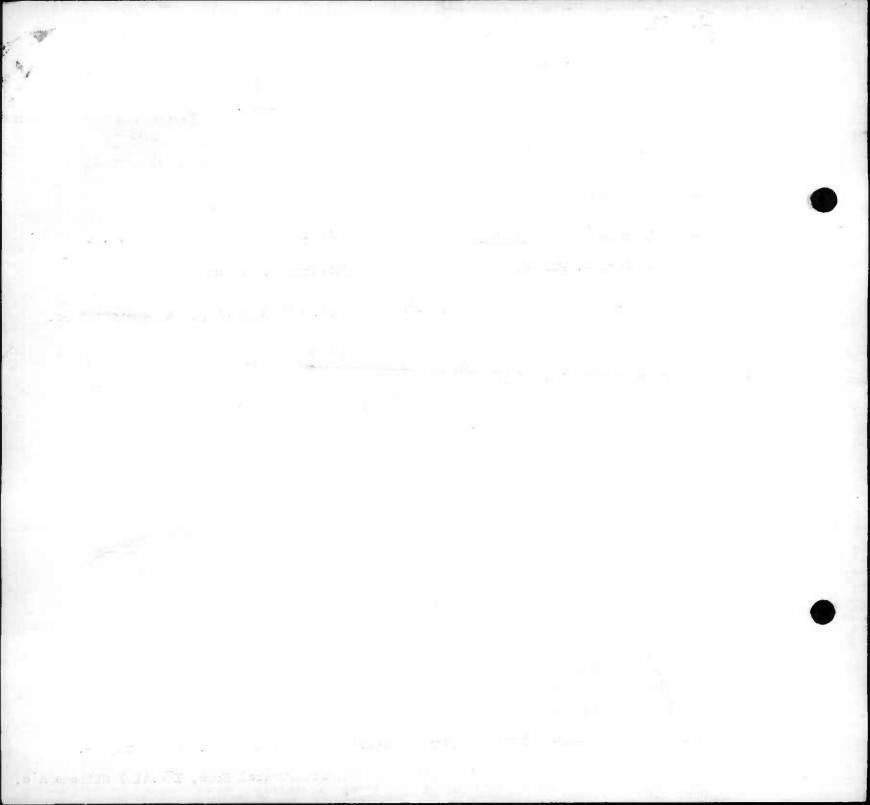
## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R BALTIMOR	E CITY HEALTH DEPARTMENT 72 08154 4							
BIRTH NO. A POPUL Ch. A PIA.	ICATE OF DEATH REG. NO. STATE OF MARYLAND-DHMM							
1. NAME OF DECEASED (Type or Print)  ANITAC. ROLLIEN	2. DATE AND HOUR OF DEATH  22 AUGUST 1972, 433 P.							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)							
FULL NAME OF OF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND Calvert 54							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL  JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
CMSC-1CU	PRINCE FREDERICK YES NO							
O GOI N. BROADWAY, BALL MORE !	Box #158 20688							
S. SEX   6. RACE   7. MARRIED   NEVER MARRIE	Tall 10 1 lost binhday! Months! Doys ! Hours! Min.							
MIDOWED DIVORCE  10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR IND	5,6 47							
done during most of working life, even if refired)	CALBERT COUNTY HOSP, MD. 12. CITIZEN OF WHAT COUNTRY?							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
ALLEN H: BOWEN, Jr.	EILEEN EGOTS IS							
15. Wee Decessed Ever In U. S. Armed Forces?   16. SOCIAL   (Yes, no or unknown) (If yes, give wor or dotes of service)   SECURITY NO.								
SECURITY NO.	- FATHER PRINCE FREDERICK DARESS RYLAND							
18. 9 4 3 4 1 CAUSE OF	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								
(This does not mean the mode of dying, e.g., (A) IMMEDIA	OR AS A CONSEQUENCE OF: 2 WH TO CAS dreken							
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.								
ANTECEDENT CAUSES	90,080							
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the								
UNDERLYING CONDITION last. (c) Concenital Heart Disease								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OSEASE OR CONDITION GIVEN IN PART 3 (A)								
	20A. AUTOPSYTYOS OF No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
1150, (40	Jes							
DEATH Inchity medical exemined home, form, foctory, str	(e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exect location)							
	D 21F. HOW DID INJURY OCCUR?							
S (APPROX) White AL No	t While							
22. I certify that (1) (this hospital) attended the deceased from	Work 19 12 19 12 19 12 19 12 19 12							
that (1) (we) last saw the deceased alive an 8/2	19 and that in(my) (our) apinian death accurred an the date							
and hour and fram the causes stated above. (1) (We) (did) (did								
23A. SIGNATURE	23B. DATE SIGNED							
Michael Sun DEGREI								
23C. PHYSICIAN'S NAME flypel	23D. ADDRESS							
	EGREE VIII. VT.							
REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)							
25A. DATE REC'D BY HEALTH DATE. 25B. NAME OF REGISTRAR	MOM, GARDENS DUNKIRK, CALVERT, Md.							
AUG28 1972 Sidny White	Beblirum 21 House Partice willing							
VS 150-REV. 1/1/68	The time of the time of the thought of the							

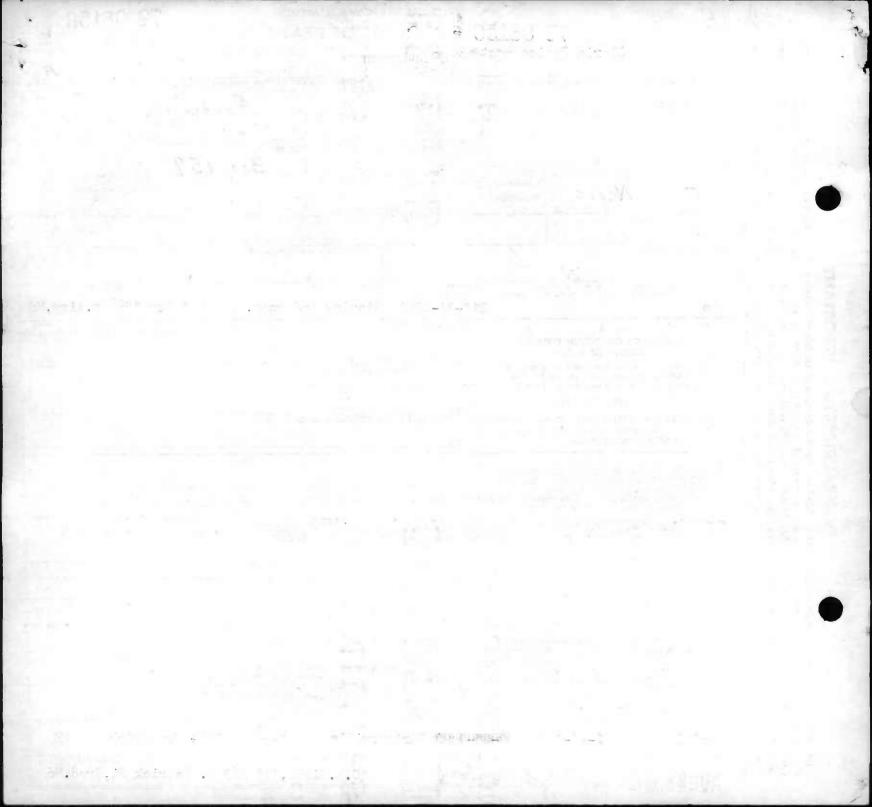


	1.151	72	00155		HEALTH DEPARTMENT		mn 00155				
В	RTH NO.	12	08155	CERTIFICA	TE OF DEATH	REG. NO	12 UOLOD				
	YPE or Print)	D L.	1000	1. D-	2. DATE ANI	D HOUR OF DEATH	OF MARYLAND-DHAF				
3	PLACE IN BALT	MORE MARYLAND, A	HERE PRONO		4. USUAL RESIDENCE (Where	21/72	institution: residence before odmission)				
					MASIATE & COUNT	11	institution; lesidence before admission				
H	ULL NAME OF IOSPITAL OR NSTITUTION	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Balto.  C. CITY OR TOWN  D. INSIDE CITY LIMITS?						
45	0	. 10		0 10	Cibn	D. 1143	YES NO				
P	Doma	i Hospit	al of	Baltimore	E. STREET AND NUMBER	P	^				
5	SEX	6. RACE	1-		3510 Pon	//	Avenne				
	Male	White	WIDOWED		5/2 1903</td <td>ast birthdoyl</td> <td>If Under 1 Ye. II Under 24 Hrs. Months Doys Hours Min.</td>	ast birthdoyl	If Under 1 Ye. II Under 24 Hrs. Months Doys Hours Min.				
do	A. USUAL OCCU	PATION (Give kind of work rorking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig	in country)	12. CITIZEN OF WHAT COUNTRY?				
	HoticuH	turist	Retir	ed	Mass.		U.S.A.				
13	FATHER'S NAM				14. MOTHER'S MAIDEN NAM						
		ajamin A. Fra			Jeanette E.	Hazlett					
1.5. (Y	es, no or unknown)	Ever in U. S. Armed For Uf yes, give wor or dote	cee? s of earvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 20910				
-	no	-		212-16-0683	Mrs. Zilpha	1 Bennington Dr.					
1	18. 4/0	2131		CAUSE OF DEATH	0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
1		OR CONDITION DIR	RECTLY		andin-	balma	0.73m ( ) )				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,										
	injury or complication which caused death.)										
	ANTECEDENT CAUSES  (B) Intomonary Emblison 2										
	DISEASES OR CONDITIONS, it any, giving nise to the above cause (A) stating the										
	UNDERLYING CONDITION last (c) f) the or Sentertic Heart Disign.										
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
	O JOINER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).										
ERTIFICATION	19A. DATE OF	OPERATION 198 CONT	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yee or No)	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?				
CERT	21A. A CCIDENT			NACE OF INTERNAL							
CAL	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examined	home etc.)	o, form, foctory, street, off	or about 21C. WHERE DID ce bidg., INJURY OCCUR?	(II In Boltimor	re City, give exact location)				
NED!	OF INJURY	(Month! (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?					
×	(APPROX.)		While	e At   Not While							
	22. Learnify that (1) (this basates) attended to describe										
	that (i) (we) lost saw the deceased alive on										
	and haur and fram the causes stoted obave. (1) (We) (did) (did nat) view the bady ofter death.										
	23A. SIGNATUR	E D s c	0				23 B. DATE SIGNED				
	//	new	care	DEGREE Phys.	ding Med. Si	hys.	8/21/72				
	PHYSICIAN NAME (Typ	15		2	D. ADDRESS	-6	R Do				
24	A SUDIAL CREAT	SUDHI	NDI	R A DEGREE	Dimai des	sp. 5	Daltimere				
1	REMOYAL (Sp Burial	ocily)		don Park Ceme			ly, town, or county) (Stote)				
254			25B NAME OF			ns Ave. Ba	ltimore, M <sub>d</sub> .				
1	AUG28	1972 /	my In	word	25C. FUNERAL DIRECTOR Hubbard Funer	al Home T	c.4107 Wilkens A e.				
VS	150-REV. 1/1/68		1		) distribution	-I Home, I	C.+IU/ WIIKens A e.				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such of written approval must be obtained before the remains are embalmed or final disposition is made.

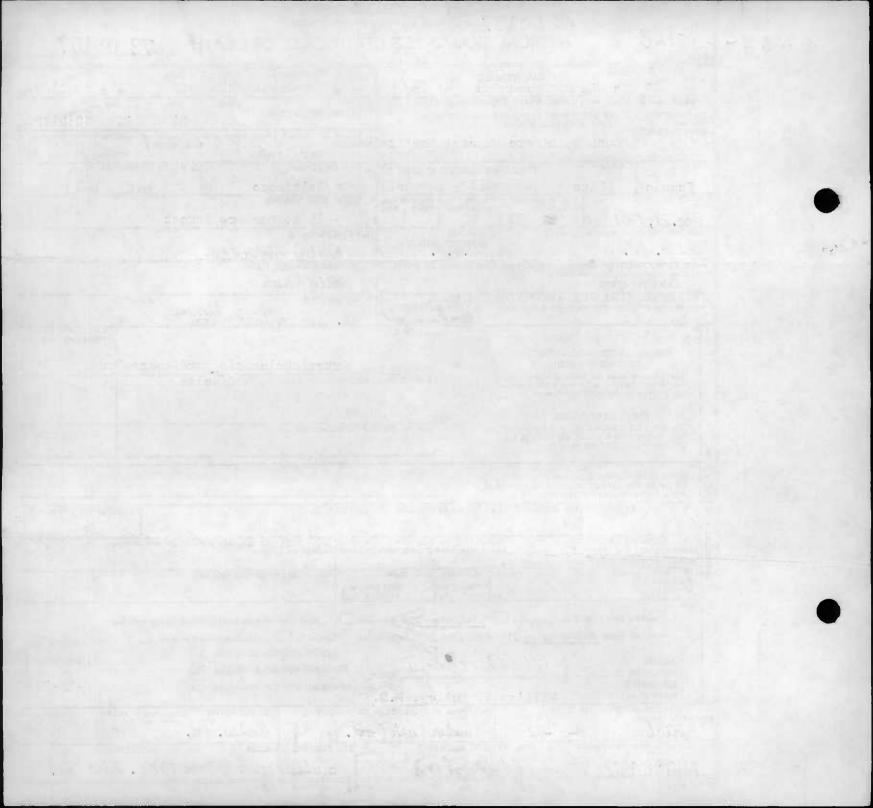
A-536	BALTIMORE CITY	HEALTH DEPARTMENT	~	72 08156 -				
	156 GERTIFICA		REG. NO	OF MARYLAND-DHMH				
1. NAME OF DECEASE Gloria Denise W	estSavage Anders	son 2. DATE AN	D HOUR OF DEATH					
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRO		4. USUAL RESIDENCE (Who	re deceased tived. If in	1 7 05 A M.				
FULL NAME OF GIF NOT IN HOSPITAL OR INSTITUTION  ADDRESS OR LOCATION)	TITUTION, GIVE STREET	C. CITY OR TOWN	Frederi D. INS	IDE CITY LIMITS?				
33		E. STREET AND NUMBER	IRY	YES NO D				
SOHNS HODKINS HOS	PITAL	Rt, 1 E	30x 159					
5. SEX 6. RACE 7. MARRIE	ED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 6/10/39	9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.				
10A USUAL OCCUPATION (Give kind of work 10B, KIND dane during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTRY?				
HOUSEWIFE		PREDERIC 14. MOTHER'S MAIDEN NAJ	1	USA				
13. FATHER'S NAME								
RAYMOND WEST	E#	GTTA	BROWN					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lif yes, give war or dates of service		17. INFORMANT		ADDRESS				
No			n, Jr Rt 1 I	Box 159 Mt.Airy,Md				
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	0.1.1.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
This does not mean the mode of dving a	This does not made the mode of duing a (A)MMEDIATE CAUSE / MDWITDIAMIM							
heart failure, asthenia, etc. It means the diseasinjury or complication which caused death.)	ie,							
ANTECEDENT CAUSES	in of	esity						
DISEASES OR CONDITIONS, if any, givi		A CONSEQUENCE OF:	<del></del>	***************************************				
rise to the above cause (A) stating to UNDERLYING CONDITION tost.	(C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A-DATE OF OPERATION 19R CONDITION FO WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING!		20A. A W TOPSY? (Yes or No	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
OR CONTRIBUTING CAUSE OF	IB. PLACE OF INJURY (e.g., in some, form, foctory, street, of elc.)	n er ebout 21C. WHERE DID fice bldg., INJURY OCCUR?	(if In Beltimor	e City, give exact location)				
O 210-TIME (Manth) (Day) (Year) (Hour) 2	IE INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
	While At Work At Work							
22. I certify that (I) (this hospital) attended	the deceased from	8/22	19 72 10	8 /02 1972				
that (1) (we) lost sow the deceased alive or	8/22	~-		nion death accurred on the date				
and hour and from the causes stated above	(1) (We) (dld) (dld not) v	lew the body after death.						
23A. SIGNATURE				23B, DATE SIGNED				
Jum 76 Mury	DEGREE Phys		Staff Phys.	8/20/72				
23C PHYSICIAN'S UNAME (Type)		3D. ADDRESS						
	2564 MODEGAFF	JOHNS H	10 PKINS	14aSP,				
Burial \$25-1972	NAME of CEMETERY of CRE		tonsville F	rederick Md				
25A. DATE REC'D BY HEALTH DEPT.   125B. NAM								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	huton	C.E. Hicks 11		trick St, Fred. Md				
AUG. S. LUIZ	7 6	1 1 5 2	. 207 114 201					



72 US157 BALTIMORE CITY HEALTH DEPARTMENT

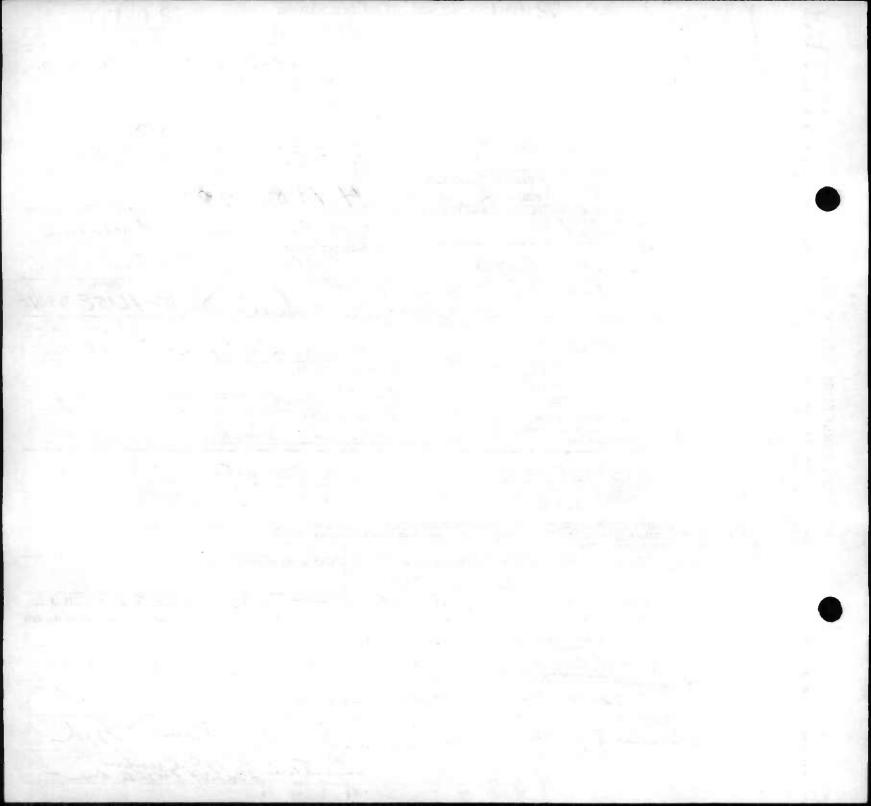
· ~ OCLO	The state of the s	TENEDIT DEL MINICIPAL		
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

BI	RTH NO.		MEL	ICAL	EX	AMINER'S	ERTIF	ICATE OF	DEAT	H REG. NO	2 08	3157	
1. (Ty	NAME OF DEC	Jennie		<i>urkewi</i> urrewi			2. DATE OF DEATH	Known 🖾	Month 8	Doy 24	Year 72	Hour 12:01	P. <sub>M</sub>
FU	PLACE IN BALT LL NAME OF DSPITAL INSTITUTION	(IF NOT	IN HOSPITA	AL OR INSTI	NOITUTI	I, GIVE STREET	5 HSHAL	DUNCED DEAD	Month 8	Doy 24 .	Yeor 72	12:01	P. <sub>M</sub> .
	South Baltimore General Hospita							Maryland	re deceosed ii	B. COUNTY	n: residence	30	2
6.	Female	7. RACE Whit	0	8. MARRI		NEVER MARRIED DIVORCED	C. CITY O	R TOWN Baltimore		D. INSIDE C		[7]	
9.	DATE OF BIRTH		10.AGE (le	years	If Unde	r I Yr. If Under 24 Hrs. Days Hours Min.	E. STREET	AND NUMBER  19 E. Har			ES X	NO L	
	BIRTHPLACE (S	ate or foreign	country)			ZEN OF AKCOUNTRY?	13. FATHE	R'S NAME	indrg 5	treet		·····	
144	Balto. M	ATION (Give	kind of work	148. KIND	114	SINESS OR INDUSTRY		er's maiden na	Rewitz				
	eduring most of will book Red WAS DECEASE	eeper		EORCES	117	. SOCIAL	Ka:	tie Wauch			DDDECE		
(Ye	s, no or unknown)	(if yes, give we	or or dotes	of service)		SECURITY NO.	Mrs.	Anna Inolo	ert Gi	nton "	DDRESS		
	SECURITY NO.  Who was give wor or dotes of service)  SECURITY NO.  Who have a superior with the service of ser												
ATION	DISEASES O RISE TO THE UNDERLYIN	TECEDENT CONDITION ABOVE CAU G CONDITION FICANT CONT	NS, IF ANY SE (A) STATON DN LAST.	ONTRIBUTI	NG	(B)	AS A CONS	EQUENCE OF:					
L CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA						S PERFOR	MED			21. AUTO	PSY? (Yes on	r No)
EDICA	22A. EXTERN UNDERLYING UTING ☐ CAU		RIB-	2 h	28. PLA iome, fa	CE OF INJURY (e.g., rm, foctory, street, office	in or obout bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(II In Boltimo	re City, give exc	ct location)		
Σ		Month) (Do				EAT HOT	WHILE -	22F. HOW DID IN	JURY OCC	JR?			
	i certi	R'S	turol cou	7)	ne	dent Suicid	ASS	and that on omicide  CHIEF MEDICAL  ISTANT MEDICAL  OCIATE MEDICAL	Undetermin EXAMINER EXAMINER	death in my ned manner [    X	_	DATE SIGN	
24, RE	A. BURIAL CREM MOVAL (Specify Burial	ATION, 24	8-28-7		24C.1	NAME of CEMETERY of	or CREMAT		LOCATION Balto.		, or county)	(Stote	•)
25.	AUG28					REGISTRAR	25C.	FUNERAL DIRECT			E. For	rt Ave.	



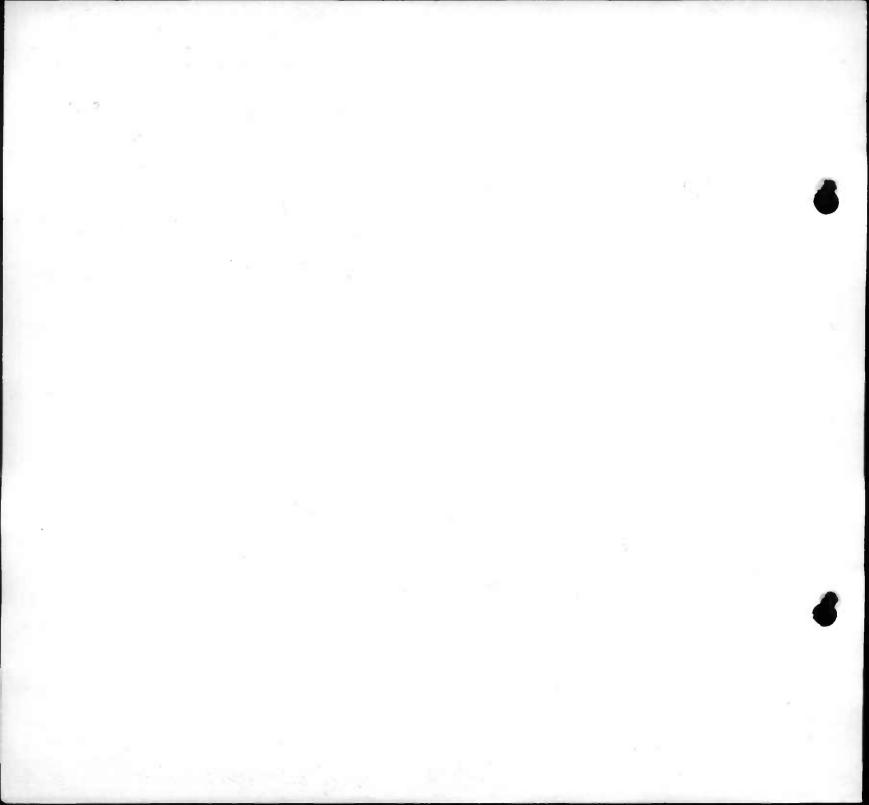
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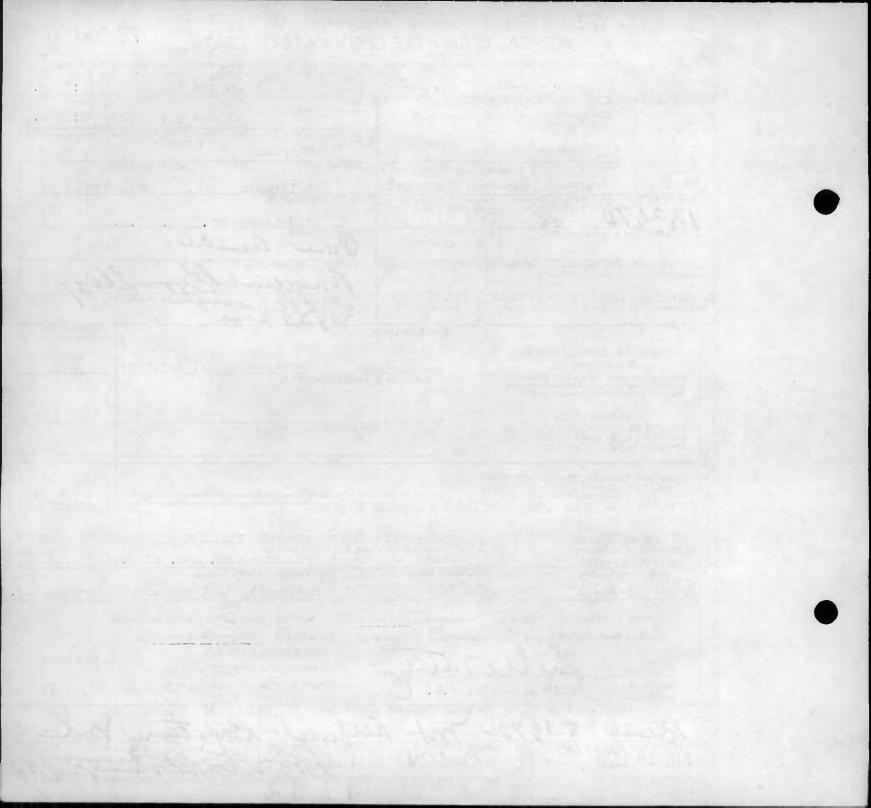
1	7	1	2 081	5 & BALTIMORE CITY	HEALTH DEPARTMENT	ヴワ	ASIEO		
	-600 th No.				TE OF DEATH	REG. NO.	F MARYLAND-DEMA		
	AME OF DECEASI	EMMI	a CA	IERRY	08-	27-72	101.05 A.M.		
3.	PLACE IN BALTIMO	DRE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived, if instituti IY	on: residence before admission)		
HC	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION)	UTION, GIVE STREET	Maryland C. CITY OR TOWN	D. INSIDE C	706		
do	11 -	22.		11 70	Balling	YES YES	P NO □		
1	the Uni	ion Mem	oniel le	ripital	6. STREET AND NUMBER	3rd. Stre	et, 8/10.48.		
5. 5	F. 6. R	ACE N	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	4-13-02	9. AGE (In years list lost birthday)	Under 1 Yr. If Under 24 Hrs. Min.		
		NON (Give kind of worling life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of forei	ga country - 12.	CITIZEN OF WHAT COUNTRY		
4011		sewife			South Carol	ina 1	American		
13.	FATHER'S NAME		_		14. MOTHER'S MAIDEN NAM	AE C	1		
	-	John	Boy	d	Mart	ha Bar	ber		
15. (Ye	Was Deceased Ever	in U. S. Armed For	cos?	SECURITY NO.	17. INFORMANT	On 1	ADDRESS		
	1/6			MMA . 30167	57-930 Sal	lin Slater	16158 33148		
	18.038	.91		CAUSE OF DEAT	н	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		R CONDITION DI	RECTLY		Cartinverni	raloy arrest	15 Hin.		
	(This does not r	nean the mode of	dyling, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	14/0/	7 7 17 73 1		
	heart failure, asthenia, etc. It means the disease, injury or compilication which caused death.)								
	ANTECEDENT CAUSES A cute renal failure 2 da								
		CONDITIONS, If		DUE TO, OR AS	A CONSEQUENCE OF:		1		
		bove cause (A)		(0)	pticemie 8	lock.	1 week		
CATION	OTHER SIGNIFICATION THE DEATH BUTTERS OF COMP	II NT CONDITIONS CO IT NOT RELATED TO T DITION GIVEN IN PAI	NTRIBUTING HE TERMINAL	Cerebro	Varenter accir	leet.	1 day		
CERTIFIC/	19A. DATE OF OP	ERATION 19L CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSYT (Yes or No	208, IF YES, WERE FINDS IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?		
AL CE	21A. ACCIDENT VOR CONTRIBUTIN DEATH (notify med	VAS UNDERLYING OF CAUSE OF	218 homete.	e form, factory, street, o	n or about 21 C. WHERE DID ffice bidg. INJURY OCCUR?	(if In Baltimore City	y, give exoct location)		
S	21D. TIME (M	onth) (Doy) (Year)	(Houd 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
×	OF INJURY (APPROX.)		Wh	ile At Not Whi					
		A (I) (al.ta banatan	Wo			1972 to 08-	7) - 10)2		
	The state of the s								
	that (i) (we) last sow the deceased alive an 08-27 — 19 72 and that in (my) (aur) apinian death occurred an the date								
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE								
	1	Taut 1	iff any	Will. D. Ath	anding Med.		8-27-72		
	23C. PHYSICIAN'S NAME (Type)	DANTE	MANY	DEGREE	23D. ADDRESS  Her Vent a		of the spital.		
24.	A. BURIAL CREMAT	ION. 248. DATE		DEGREE	100		wn, or county) (State)		
	REMOVAL (Spec	" 8 31, :	72	mh au	burn 1	3 actions	ma		
25	îug28 197	HEALTH BEPT	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	33 MY SU	ADDRESS		
VS	150-REV. 1/1/68		7-29	200	11 1 5 9				



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1	-656	Y HEALTH DEPARTMENT 72 08159							
	IRTH NO.	ATE OF DEATH REG. NO. STATE OF MARYLAND-DELLE							
	NAME OF DECEASED  (ype or Print) CARTER TOLO S.	2. DATE AND HOUR OF DEATH							
ie.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY							
-11	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
	+6 Luther AN Hosp: tal	E. STREET AND NUMBER  2308 W. MORTH DUE.							
5	SEX 6. RACE 7. MARRIED NIEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.							
9	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if relired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
1	FATHER'S NAME	14. MOTHER'S MAJDEN NAME  Mother Backer T							
100	Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS							
1	18.44 2/ 9 1 CAUSE OF DEAT								
H	DISEASE OR CONDITION DIRECTLY								
	(This does not meon the mode of dying, e.g., heart failure, asthonia, etc. II means the disease,								
	injury or complication which caused death.)								
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:								
	underlying condition last. (c)	his vay cular Decedent.							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
Pheirical		20A. AUTOPSY? (Year No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
100	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	in or obout 21 C. WHERE DID Mico bldg., INJURY OCCUR? (If in Bolilmoro City, give exect location)							
10000	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At   Not While At Work								
	22. I certify that (I) (this hospital) attended the deceased from \$2992 19 to \$28 19 12.  that (I) (we) lost saw the deceased alive on								
	ond haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.								
	23A. SIGNATURE  Atte	anding Med. Shift 238, DATE SIGNED							
	23C. PHYSICIAN'S NAME (Type)  E SONDOW- MO	s. Director Phys. — 23D. ADDRESS							
2	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREETERY O	EMATORY (24D. LOCATION (City, town, or county) (Stote)							
2	AUG28 1972 The day of registrate	25G. FUNERAL DIRECTOR (Cum. a) ADDRESS							
"V	150-REV. 1/1/68								





pital and of death (5) Deceased LO hospital attendance cause cause; 10 0 contributing prior occurred (4) Undetermined regular deceased Ξ disposition or Was the direct assistant death 0 final attendance any pronounced 0 mbalmed fracture of regular who the physician remains a medical any nature; (2) Body burns; No physician was the before where to the hospital obtained 3 (except and death) hospital An accident of the body was released must prior to

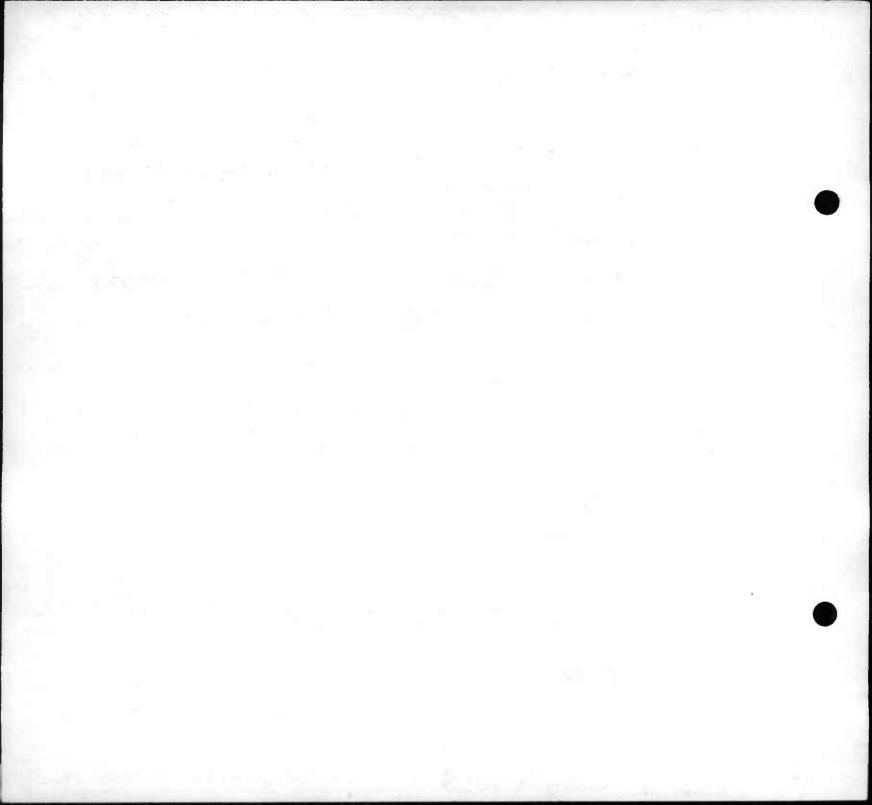
8

at

was D.O.A.

shows: (1) deceased

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY MOOD ROW 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES K NO T E. STREET AND NUMBER S STREE 5. SEX 6. RACE 9. AGE (In years 8. DATE OF BIRTH If Under 1 Yt. Manihs! Days MARRIED NEVER MARRIED Il Under 24 Hrs. WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most al working lite, even it retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OGER 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war ar doles of service) SOCIAL 17. INFORMANT SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl foilure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stoling the UNDERLYING CONDITION fast CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? (II in Boltimore City, give exoct lacation) MEDICAL DEATH (notify medical examined 21D. TIME OF INJURY (Manth) (Doy) (Year) 21 E. INJURY OCCURRED (Haut) 21F. HOW DID INJURY OCCUR? Not While (APPROX.) At Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on and that In (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (dld) (dld not) view the body ofter deoth. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. approval Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specify) written M+ Calvary Cemetery



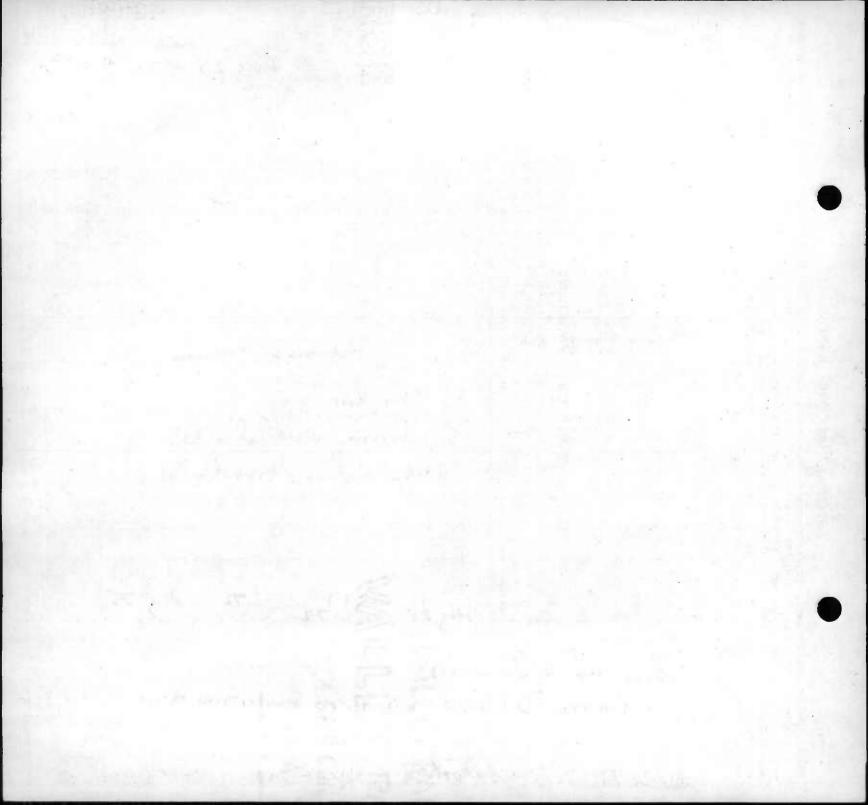
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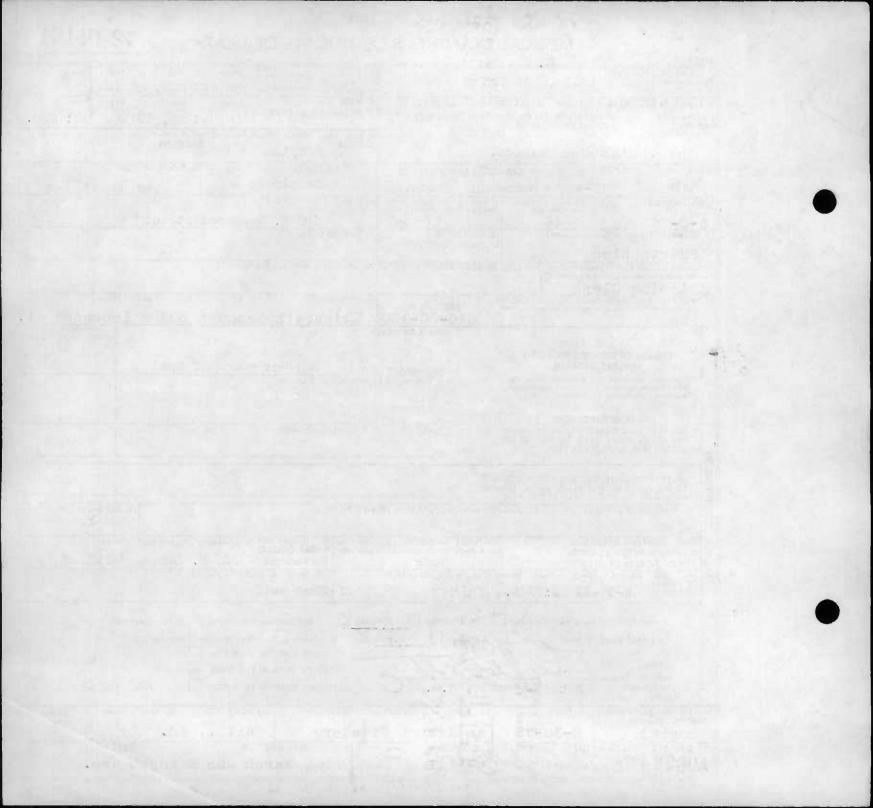
			BALTIMORE CITY	HEALTH DEPARTMENT	#	F. 11 72 08	100		
81RTH NO.	72 (	08162	CERTIFICA	TE OF DEATH	REG. NO.	T 40 - 00	min		
1. NAME OF DECEA	SED			2. DATE A	ND HOUR OF DEATH	E OF MARILIAND-D.	AMA		
		revisor	N	8-1	24-72	5:15	Pt M.		
3. PLACE IN BACTI	MORE MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If in	nstitution: residence before adm	nission)		
FULL NAME OF	UF NOT IN HOSPITA	AL OR INSTITUTI	ON, GIVE STREET	md.		150	9		
INSTITUTION	ADDRESS OR LOCA	(IION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?			
70				E. STREET AND NUMBER		YES X NO			
molch	oir nur	sing	rome		. Holly a	Rue, Md.			
5. SEX 6.	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr. If Under 2 Months Days Hours	24 Hrs. Min.		
F	Negro	WIDOWED 🔽	DIVORCED	1-3-86	8.5		*******		
done during most of wo	ATION (Give kind of work rking life, even if refired)	108. KIND OF BU	ISINESS, OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT CO	UNTRY?		
	evife			Md.		us			
13. FATHER'S NAME	. (1	-		14. MOTHER'S MAIDEN NA					
Sam		Ú1es		Sarah	Bell 7	72 08183			
15. Was Deceased Ex (Yes, no or unknown) (I	ver In U. S. Armed Fare f yes, give war or dote:	es? 1 c	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
NO		×	18-30-532	JA. Kalhteen	Beole 1	625 PruidHi	11 4		
18. 4/ /	2,41		CAUSE OF DEAT			APPROXIMATE INTE			
	OR CONDITION DIR	ECTLY	Arteniosele	votic Cardio-Va	scular Disea	14 0 /			
(This does not	mean the mode of	dyling, e.g.,	(A) IMMEDIATE CAL	JSE A CONSEQUENCE OF:		Several ge	Circl		
heart failure, as	thenia, etc. It means ication which coused	the disease,	DOE 10, OR AS	A CONSEQUENCE OF:		V			
AN	ANTECEDENT CAUSES								
DISEASES OR	DISEASES OR CONDITIONS, il ony, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:								
rise to the	obove cause (A)								
	11		(C)						
O OTHER SIGNIFICA	ANT CONDITIONS CON	NTRIBUTING							
V DISEASE OR CON	BUT NOT RELATED TO THE	1 (A).	*******************						
OTHER SIGNIFICATION THE DEATH DISEASE OR CON 19A. DATE OF O 21A. ACCIDENT	PERATION 198. CONI WAS PERF		CH OPERATION	20A. AUTOPSY2 (Yes of N	O) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED			
OP CONTRIBUTE	WAS UNDERLYING NG CAUSE OF	21 B. PL.	ACE OF INJURY (e.g., I	n or about 21 C. WHERE DID	(If In Boltimor	re City, give exact location)			
DEATH (nolify m	OR CONTRIBUTING CAUSE OF hame, form, foctory, street, office bldg. INJURY OCCUR?								
OF INJURY	Month) (Doy) (Year)	(Houd 21E IN	JURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?				
(APPROX)	(APPROX.)  While At Not While At Work  At Work								
22. I certify th	22. I certify that (1) (this hospital) attended the deceased fram 5-26- 1971 to Present 9 1970								
	that (1) (we) last saw the deceased alive an S-14 19 72 and that in(my) (out) apinion death accurred on the date								
and haur and f	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.								
23A. SIGNATURE	23A. SIGNATURE 23B. DATE SIGNED								
Joyl	K. Jim.	memor	DEGREE Phys	nding Med.	Staff Phys.	8/25/72			
23C. PHYSICIAN		7.		23D. ADDRESS	IRIR	15+ 111	/		
24A. BURIAL CREMA	TION 2/B. DATE	24C-NAMI	E el CEMETERY of CRE	3202 Harter	ocation (Ci	Mimore, Md	tetal		
Burial Spe	8-26-	77 MIL.	olvary Ce		ine Arunda	el cta., Md	A.		
25A. DATE REC'D BY		25B NAME OF	REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS	-		
AHCOR	1072	wy his	-ton	WAC MAR	CH 9281	E Murth Brown	e		
VS 150-REV. 1/1/68	ME / 1/100								

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	-		MU	0010	BALTIMORE CITY	HEALTH DEPARTMENT		72 08	163
		-152	12	0816	CERTIFICA	TE OF DEATH	REG. NO.	E OF MARY	
		AME OF DECEASED	0		-1		AND HOUR OF DEATH	R OR MARY	LAND-DHAH
	Тур	e ar Print) COVINGTOR	1, 15	ETTY.	J. (JENKIN		tus 257,19	17211	1203 PM.
	3. P	LACE IN BALTIMORE, MARYL	AND, WHI	ERE PRONOUI	NCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO		stitution; residenc	e before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST HOSPITAL OR ADDRESS OR LOCATION)					MARYLAND			706
	INS	TITUTION	A LOCA II	OI4)		C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?	No 🗆
	-	72	11			E. STREET AND NUMBER	}	YES	NO L
	6	60D > AMARITAN	Hospi	TAL		1618 CHIL	TON STREET		
1	5. SI			MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Manths: Doys	If Under 24 Hrs.
		F BLACK		WIDOWED [	DIVORCED 💢	12-20-45	26		
- 11		USUAL OCCUPATION (Give kinduring most of working life, even if		B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i	oreign country)		FWHAT COUNTRY?
	4.	P.N. HOUSEWIA	CE			PA.		Uis	. A .
	13. F	ATHER'S NAME		1		14. MOTHER'S MAIDEN			
		DAVID COVIN	- ( -			7	ILSON		
1	5. V Yes,	Vos Deceosed Ever in U.S. Ar ,na or unknown) (If yes, give wo	med Force: r ar dates	af service)	SECURITY NO.	17. INFORMANT		ADDR	
					218422112		CORPORAL		
		18.582 XI			CAUSE OF DEATH				OXIMATE INTERVAL N ONSET AND DEATH
		DISEASE OR CONDITI		CTLY		Populle S	enticemia		
		(This does not meon the m			(A) IMMEDIATE CAU DUE TO, OR AS A	CONSEQUENCE OF:	- Francis		
		heart failure, osthenio, etc. It injury or complication which				1			
		ANTECEDENT C	CAUSES		(B) Cline	phnc			
1		DISEASES OR CONDITION			DUE TO, OR AS	A CONSEQUENCE OF:	00'		
		UNDERLYING CONDITION		idility life	(c) Chr	ome rena	dislast		
	_	II			Λ. Λ		- 0 0	,	
		OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA			Krolonged	abstruence t	romdialy.	sis	
	O	DISEASE OR CONDITION GIVE			HICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONS	IDERED
	ERTIF	0 "	AS PERFO	RMED			IN CERTIFYING CA	USES OF DEATH	?
	0	21 A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE	LYING T	21B. F	PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(If in Boltimor	e City, give exact	locotion)
	CA	DEATH (notify medical examine		etc.)					
	-	21 D. TIME (Month) (Day) OF INJURY	(Year)		INJURY OCCURRED		INJURY OCCUR?		
	2	(APPROX.)		While			1		
		22. I certify that (1) (this h	ospitol)	ottended th	e deceosed nom	ng 1)	1972 to A	~ ?S	19.72.
		that (1) (we) lost saw the c	deceosed	olive on	Aug 25	19.72 ond	that in (my) (our) opi	nion deoth occ	urred on the dote
		and hour and from the cous	es state	d obove. (1)	(We) (did) (did not) v	iew the body after deor	h.		
		23A. SIGNATURE		10	Aug.	dia - Mad	n Church Co	23B. DATE SIGN	1ED
		Jenes they	0	amo	DEGREE	Med. Director	Staff Phys.		
		23 C. PAYSICIAN'S NAME (Type)	-	NO		3D. ADDRESS	ARITAN HO	KD BG	18.21212
		1 imo	THY	D.CA	PRIVES MOEGREE				
	24A.	REMOVAL (Specify)	70 -	24C. NA				ity, town, ar coun	(State)
	25.4	BURIOL 8-	27-7		Itimore Co		Satto, Md.	A F	DDRESS
	23A.	DATE RECO ST HEALTH DE	1.	SB. NAME OF	In Low	25C. FUNERAL DIRECT	ARCH 928		
1	VS 1	150-REV. 17/68	1 XVe	The state of the s	A. J. A.	1111-61	MINCH 100	-1110/	

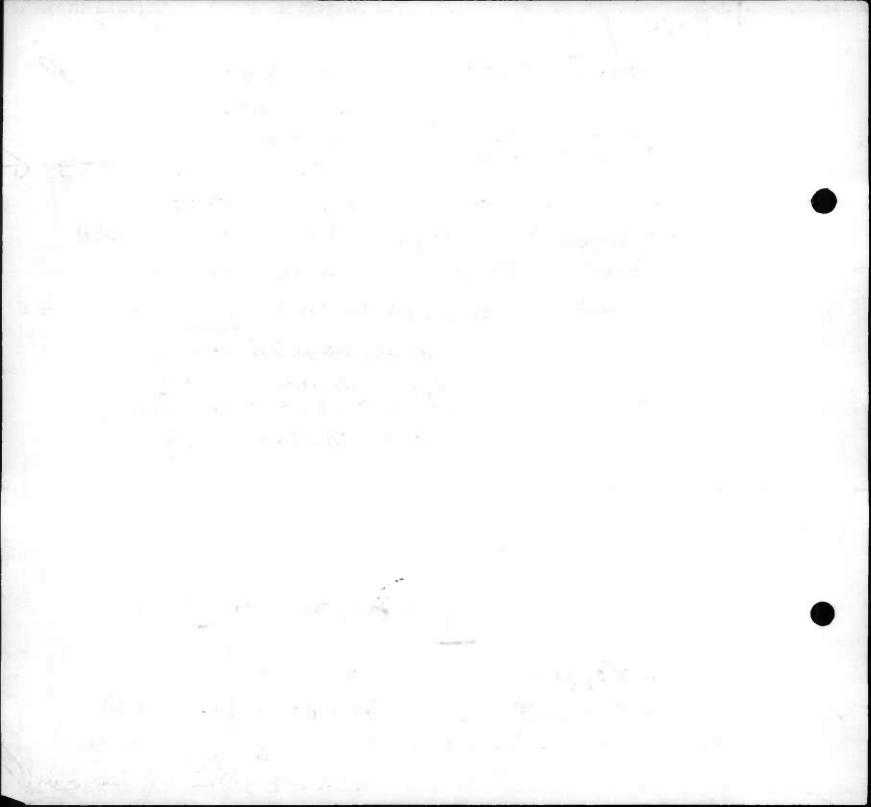


12 UOLUE BARTHIORECITY HE	
V-220 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 72 08164
BIRTH NO.	REG. NO.
I NAME OF DECEASED	2. DATE Known X. Month Doy Year Hour
(Type or Print) CRUZ A VASQUEZ	OF DEATH Estimated August 26, 1972
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD August 26, 1972 5:00 A.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
Lutheran Hospital	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES NO NO
9 DATE OF RIPTH 110. AGE (In years   K Under ) Yr. II Under 24 Hrs.	Name and the second sec
10st birthday) Months Days Hours Min.	505 N. Longwood Street
t1. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME
Puerto Rico WHAT COUNTRY?	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' dane during mast of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME
dane during mast of working life, even if retired) Shipping Clerk	
16. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no ar unknown) (if yes, give war or dates of service)   SECURITY NO.	IB. INFORMANT ADDRESS
	D Elizabeth Vasquez 505 N Longwood St.
NO	APPROXIMATE INTERVAL
2 73 19 /	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Gunshot wound of head
(A)IMMEDIATE	AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)	
ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS IF ANY GIVING	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
Z GNOERCHING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
0	Yes
22A. EXTERNAL CAUSE WAS   22B.PLACE OF INJURY (e.g.,	in ar about 22C, WHERE DID (If in Baltimare City, give exact location)
UNDERLYING TOR CONTRIB. home, farm, factory, street, office	Basement - 505 N. Longwood Street
UTING CAUSE OF DEATH.  Home  2 22D. TIME (Month) (Day) (Year) (Hour) 22E,INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY 8-26-72 3:25 A. WHILE AT NOT AT WORK	Shot self
23.	VORK IN BILOU SCII
I certify that I held an Inquiry Inspection Au	stopsy 🗓 and that on this basis, death in my opinion
resulted from: Natural causes 1 Accident Suici	
resulted from: Natural causes   Accident   Suici	CHIEF MEDICAL EXAMINER
ACTUAL X (1) / I / I / I	ASSISTANT MEDICAL EXAMINER X
SIGNATURE DA LE STATEMENT DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR	
EXAMINER'S Peter Lipkovic, M.D. C	ASSOCIATE MEDICAL EXAMINER August 26, 1972
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY   24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Burial 8-30-72 Mt Auburn C	Semetery Balto., Md.
25A. DATE REC'D BY HEALTH DATE. 25B. NAME OF ECOSTRAR	25C. FUNERAL DIRECTOR ADDRESS
AUC28 1972 Tolding lather on	Wm C March 928 E North Ave.
HOUND ISIE	HILL O MET CIT ONO IS HOLDIT AVO
Ve 151 DCV 1/2/49	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	BALTIMORE C	CITY HEALTH DEPARTMENT 72 08165
		CATE OF DEATH REG. NO. STATE OF MARYLAND-DEME
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3.	Margaret Bannister PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where Deceased lived, If institution: residence below admission
		A. STATE B. COUNTY
HC	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	Md. Balto. 60/
IN	Century Home, Inc.	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	102 N. Paca St. 21201	E. STREET AND NUMBER
		145 N. Ellwood Ave.
5. 5	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years   Il Under 1 Ye. If Under 24 Hrs
	F WIDOWED DIVORCED	7 3/22/88 \$ \$ 34
don	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	TRY 11, BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTR
	House Keeper Masonic temple	Maryland USA.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	reter Gallion	Kate France
15.	Wos Deceosed Ever in U. S. Armed Forces?   16. SOCIAL   1	17. INFORMANT ADDRESS
	she of unknown) (II yes, give wor of doles of service) SECURITY NO.	A Edith Lang 145 N. Ellwood Aw
	18. 44 CAUSE OF DE	/P
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
-	LEADING TO DEATH	CAUSE Requesty Janline
	heart failure, ashenio, etc. il means the disease,	AS A CONSEQUENCE OF: - 6 UK
	injury or camplication which caused death.)	underter 1
	ANTECEDENT CAUSES (B) Cerro	+ CereBul Anterimbersi
	DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) stoling the	AS A CONSEQUENCE OF:
	UNDERLYING CONDITION last.	of Bladden (?)
z	11	
NOIT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
۷ ا	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994-DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED
RT	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ö	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. or contributing Cause of home, form, foctory, street,	g, in or obout 21 C, WHERE DID office bidg, INJURY OCCUR? (I In Boltimore City, give exact location)
₹ S	DEATH (notily medical examiner) home, form, factory, street,	olfice bidg., INJURY OCCUR?
ਨੇ	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) While At Not W	/hile —
	22. I certify that (1) (this hospital) attended the deceased from	
- 1	that (I) (we) lost sow the deceased olive on AUG W	19 10 10 19 19
- 1		ond that in (my) (cor) opinion death occurred on the dat
	and hour and from the couses stated above. (1) (No.) (all (did not 23A. SIGNATURE	
	144400000	Attending Med. Staff
	COLO PALE DE LA COLOR DE LA CO	hys. Director - Phys
	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
244	BURIAL CREMATION, 248, DATE 24C, NAME OF CEMETERY OF	PRIVATE PRIVAT
C	REMOVAL (Specily)	
		stery By Homena Maryland
ACı	AUGUS 1912 DEPT 258, NAME OF REGISTRAR	25C. FUNERAL BURECTOR LA ADDRESS
15 0	A 1 1 1 1 1	1) fresh truncal ( whe (21) The
19	150-REV, 1/1/68	



hospital and use of death

Undetermined cause; (5) Deceased

contributing cause

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physician

<u>4</u> 3

kind;

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fracture

3

medical burns;

Also,

BALTIMORE CITY HEALTH DEPARTMENT 72 08166 CERTIFICATE OF DEATH REG. NO. STATE OF MARYLAND-DEM Such FIRTH NO I NAME OF DECEASED 2. DATE AND HOUR OF DEATH CHARLES EDWARD AUGUST 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD eath MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF Ū C CITY OR TOWN D. INSIDE CITY LIMITS? INSTITUTION 0 BAITIMORE YES X ST AGNES HOSPITAL prior E. STREET AND NUMBER DESOTA ROAD mad 5. SEX 6. RACE 9. AGE (In veors If Under 1 Yr. 7. MARRIED NEVER MARRIED eceased lost birthdov DIVORCED MAIF CAUCASIAN WIDOWED 11-04-02 IGA LISTIAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) MARYIAND P Retired Bakery Employee 14. MOTHER'S MAIDEN NAME the GEORGE LAWSON Olivia Baublitz 0 17. INFORMANT 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO attendance 213-01-3045 No. CAUSE OF DEATH 18. or DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenia, etc. It means the disease. regular injury or complication which caused death,) ANTECEDENT CAUSES (B)\_\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the the remains UNDERLYING CONDITION lost Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) before 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc.) obtained 21 D. TIME (Month) (Doy) (Year) 21 F. HOW DID INJURY OCCUR? (Hour) 21 E. INJURY OCCURRED Not While OF INJURY While At (APPROX.) 22. I certify that (1) (this hospital) attended the deceased from... 19 72 that (1) (we) lost sow the deceased alive on AUGUST and hour and from the couses stated above. () (We) (did) (and rate view the body after death. must 23A. SIGNATUR Attending Med. Staff Phys. Director L approval 23C. PHYSICIAN'S 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) Burial Aug. 26, 1972 Greenmount Cemetery 25C. FUNERAL DIRECTOR

1:55

No [

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

Dovs

USA

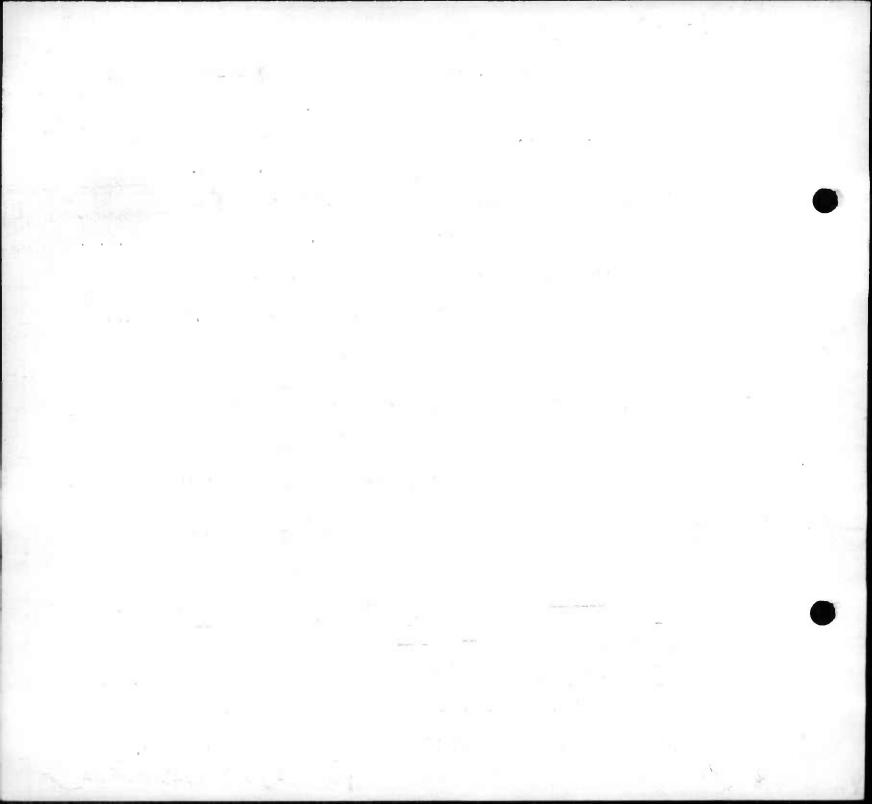
If Under 24 Hrs.

the chief medical Body the 0 3 ere (If in Boltimore City, give exoct location) to the hospital °Z nature; 3 9 (except pup any ond that in (my) (our) opinion death occurred on the date 4 D eatl the body was released hospit accident 238, DATE SIGNED Ö 0 O prior at D.O.A. eceased Carroll County, Md. MOS ADORESS Eline Funeral Home. Reisterstown, Md. 21136 Alazen VS 150-REV. 1/1/6B

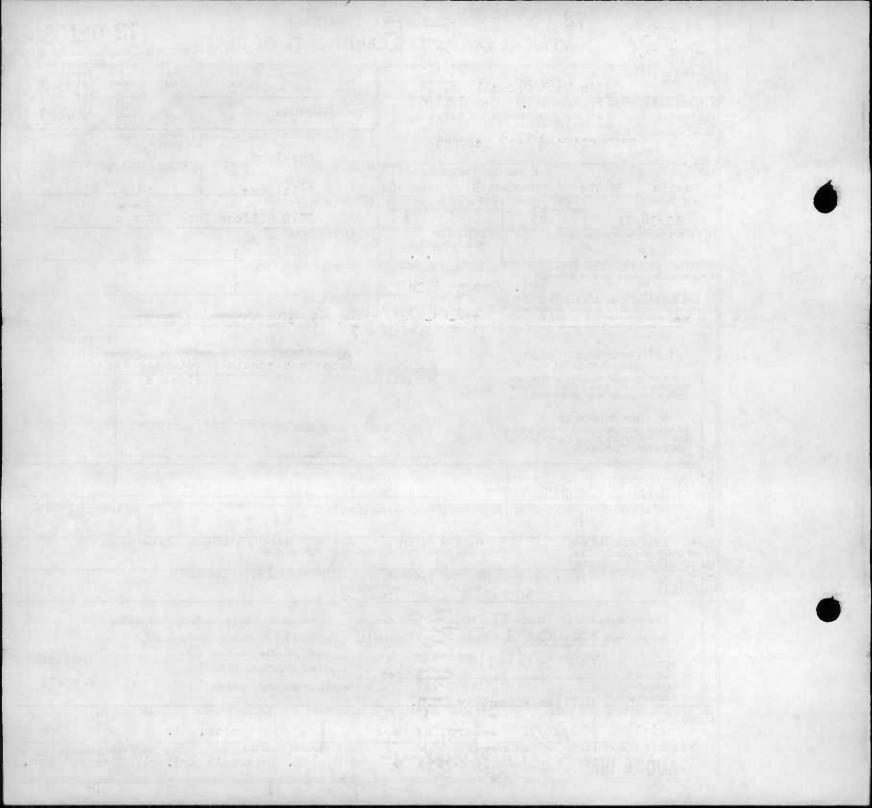
9/20/12 Resp Failure
Branchageneumonia
Chr Obst Pulm Diseace
Chrology of TB
Hehr alcoholesm Letter from It. agues Norp. filed en Bur. of Biostat-American Bldy

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	snows: (1) An accident of any nature; (2) body burns; (3) A reacture of any kina; (4) Undefermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	e embalmed or final disposition is made.
This certificate must be approved by the chief medice	the body was released to the hospital by a medical	snows: (1) An accident of any nature; (2) body burns; was D.O.A. at a hospital (except where the physici	deceased prior to death); and (6) No physician was	written approval must be obtained before the remains are embalmed or final disposition is made.

6	3-621	) 146	) ne-	BALTIMORE CITY	Y HEALTH DEPART	MENT		'79	08167	
BIF	RTH NO.	14	2 00.	167 CERTIFICA	TE OF DE	ATH	REG. NO.	THE OF	HARYI AND	-DHUR
	NAME OF DEC	EASED					D HOUR OF DEATH	1	- 1.0-E. 1.00	on the delication
·		G1	adys	A. Brooks	796	8	/24-1972 re deceosed lived. If		6:30 P.	M
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDES	NCE (When	re deceased lived, If	institution	residence belore	odmission
FU	ILL NAME OF	HE NOT IN HOSPIT	AL OR INST	TITUTION, GIVE STREET	Md.				120	2
IN	STITUTION	ADDRESS OR LOCA			C. CITY OR TOWN		D. IN	SIDE CITY	LIMITS?	
	00	413 E. 31	St.		Balt	imor	e	YES A	] NO [	
	00				E. STREET AND N		27 61			
	SEX	1050	-				31 St.			
		6. RACE		D NEVER MARRIED	8. DATE OF SIRTH		9. AGE (In years lost birthday)	II Und Manths	Doys Hours	or 24 His.
	Female	White	WIDOWE		8/4.190	)2	70			
lon	ne during most of	Working tife, even if retired)		OF BUSINESS OR INDUSTRY	11. SIRTHPLACE ISE	ote aı forei	ign country!	12, CII	IZEN OF WHAT	COUNTRY
				Hat Shop	Md.			I	J.S.A.	
3.	FATHER'S NA	WE			14. MOTHER'S MA	IDEN NA	ME			
		Pleasan	t S.	Mav	Id	a A	yers			
5. Y.	Was Deceased	Ever in U. S. Armed Far	ces?	1 6. SOCIAL	17. INFORMANT		,		ADDRESS	
	No	, va, give war ar unie	S OF SCITICE		Francis	D - 4	7.77	00 75	2123	4
_	18. // 0	1 4 4 1		220 14 7174 CAUSE OF DEAT	T LTAUCES	neT	raveo.1/	UY KE	VAPPROXIMATE I	NTERVAL
	7-4	E OF CONDITION DI	RECTLY						BETWEEN ONSET	
		LEADING TO DEATH		AND MALEDIATE CAL	JSE Chronic	ohstm	uctive and		20 yrs.	
	(This does n	al mean the made of osthenia, etc. It means	dying, e.g	DUE TO, OR AS	A CONSEQUENCE OF	:			20 715.	
	injury or com	plication which caused	death.)	restric	tive lung	disea	se			
	1	ANTECEDENT CAUSES		Chronic	bronchiti	S			20 yrs.	
	DISEASES C	R CONDITIONS, if	any, givin	DUE TO, OR AS	A CONSEQUENCE C	F:			au yrs.	
	rise to the	abave cause (A) CONDITION last.	slaling th	Pulmone	ary fibrosi	S			10 yrs.	
		11		(C)					TO NIB.	******
NO	OTHER SIGNIF	II ICANT CONDITIONS CO II BUT NOT RELATED TO TI	NTRIBUTINO	Arterioso	elerotic car	rdiov:	ascular dia	0000	15 vrs.	
CAI	DISEASE OR C	ONDITION GIVEN IN PAR	T 1 (A).							
CERTIFICATION	0	OPERATION 19B. CON WAS PER	FORMED	WHICH OPERATION	No No	Yes or No	10 CERTIFYING CA	FINDINGS AUSES OF	DEATH?	61
EDICAL C	OR CONTRIBU DEATH (notify	IT WAS UNDERLYING TING CAUSE OF	21 he et	IB. PLACE OF INJURY league, in some, farm, factory, street, a lead	n or obout 21C. WHEI	RE DID CCUR?	(if In Baltima	ire Cily, gi	ve exoct location)	
EDI	21 D. TIME	(Monthl (Doy)  Yeoil	(Hour) 21	E INJURY OCCURRED	21F. HOW	DID INJ	URY OCCUR?			
ξ	(APPROX.)			Vhile At Nat While						
	22 1	1 - (1) (-1 1 1 1 1 1 1 1 1 1		Vaik L At Wark			56 400	O		600
		last saw the decease		August 24			9 56 to Aug			72
					19	ond the	at In (my) <del>(ou</del> r) op	inion dec	th occurred an	the date
			ed obave.	(1) (We) (did) (did not) v	iew the body ofter	r deoth.				
	23A. SIGNATU	O X	1	m 8 1	nding Med.		S-4 -	238. DA	TE SIGNED	
	036	. fronge	02	DEGREE Phy	s. Direct	lor L	Shaff Phys.	Aug.	26, 1972	,
	23C. PHYSICIA NAME (T)	ypel T	~/-		23 D. ADDRESS					
		Lloyd E.		DEGREE	3902 Green	nmount	t Avenue			
14.4	REMOVAL IS	MATION, 24B. DATE	24C.1	Baltimore of CRI	MATORY	24D. LC	CATION IC	ity, town,	or county!	(Stotel
	Buria	- 0100			etery	В	altimore,	Md.		
25 <i>A</i>		1972	258. NAME	PW WORK	250 FUNERAL T	DIRECTOR	p. t. 911	12/3/	ADDRESS .	
1/5	150-REV. 1/1/6		1	1 4 9	MANAGERACE	VIV	Wy 8/7	11 4	74.	



DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) No 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Baltimore City, give exact location) home, lorm, loctory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy)
OF INJURY (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT (APPROX.) WORK 23. I certify that I held an Inquiry Inspection X Autopsy and that on this basis, death in my opinion resulted fram: Natural causes Accident L Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ullay ASSISTANT MEDICAL EXAMINER SIGNATURE. 8-25-72 **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER NAME (Type) Mulloy M.D. William P. 24A. BURIAL CREMATION. 24B. DATE 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) 8/28/72 Burial Lorraine Park Balto. Md. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS AUG28 Paul E. Chenoweth 3rd.3617 Chestnut Ave. VS 151-REV. 1/1/68



BALTIMORE CITY	Y HEALTH DEPARTMENT	08169						
72 08169 CERTIFICA	TE OF DEATH REG. NO. STATE OF MAR							
(Type or Print) Robert Lee Simms, Sr.	2. DATE AND HOUR OF DEATH Aug. 22, 1972	1.15 A						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived, If institution:	4:45 A M.						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland 6. COUNTY Maryland							
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN Takoma Park  D. INSIDE CITY I							
US Public Health Service Hospital 3100 Wyman Parkway	E. STREET AND NUMBER 1215 Kirklynn Ave.							
S. SEX 6. RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under	er 1 Yr. , If Under 24 Hrs.						
M Caucasian WIDOWED DIVORCED	11/14/03 lost birthday 68 Months							
dane during most of warking life, even if retired) Retired  Auto Dealership	Tenn.	USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
George Simms	Minnie Bryan							
16. SOCIAL   SECURITY NO.   579-16-0918	('Wife') Mrs. Bernice E. Simms REXERREXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(same as # C(						
18. 20.570 CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY								
LEADING TO DEATH  (This does not meon the mode of dying, e.g.,  (A) IMMEDIATE CA	USE Bilateral hemorrhagic A CONSEQUENCE OF: bronchopneumonia	Sudden						
heart failure, asthemia, etc. It means the disease, injury or complication which coused death.)	A CONSEQUENCE OF: DI OTICHOPHE UNOTHA	100						
	Acute myelocytic leukemia	1 Month						
(B)	S A CONSEQUENCE OF:							
rise to the obove couse (A) stoting the UNDERLYING CONDITION last. (C)								
, II		~						
☐ THE DEATH BUT NOT RELATED TO THE TERMINAL     ✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).	e hemorrhages & petechiae Sudden							
19A. DATE OF OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.)  20 B. IF YES, WERE FINDING: IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?						
O 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., or contributing CAUSE OF Ame, form, foctory, street, or etc.)	in or about 21 C. WHERE DID (If in Boltimore City, giffice bldg., INJURY OCCUR?	ve exact location)						
21D. TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
	₩ OF INJURY  While At Nat While							
22. I certify that (I) (this hospital) attended the deceased fram Aug. 5 19 72 to Aug. 22 19 72, that (I) (we) last saw the deceased alive an Aug. 22 19 72 and that in (hy) (aur) apinion death accurred an the date								
and hour and from the causes stated above. (1) (We) (did) (did)		an accorred an the date						
23A. SIDNATURE 23B. DATE SIGNED								
Mosestra ellerace in At	ending Med. Staff XX 8/2	23/72						
23C.Physicians NAME (Type) Robert E. Belliveau, Surg (R)	US PHS Hospital, Balto, Md.	21211						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR		or county) (State)						
Burial Aug. 26x 1972 Cedar Hill (	Cemetery Suitland Prince G	eorges Md.						
25A. DATE REC'D BY HEALTH DERT . 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS						
AUG28 1972 / Carry M. 4011	Warner E. Pumphrey, Inc. 8434	Ga. Ave. S.S.MI						

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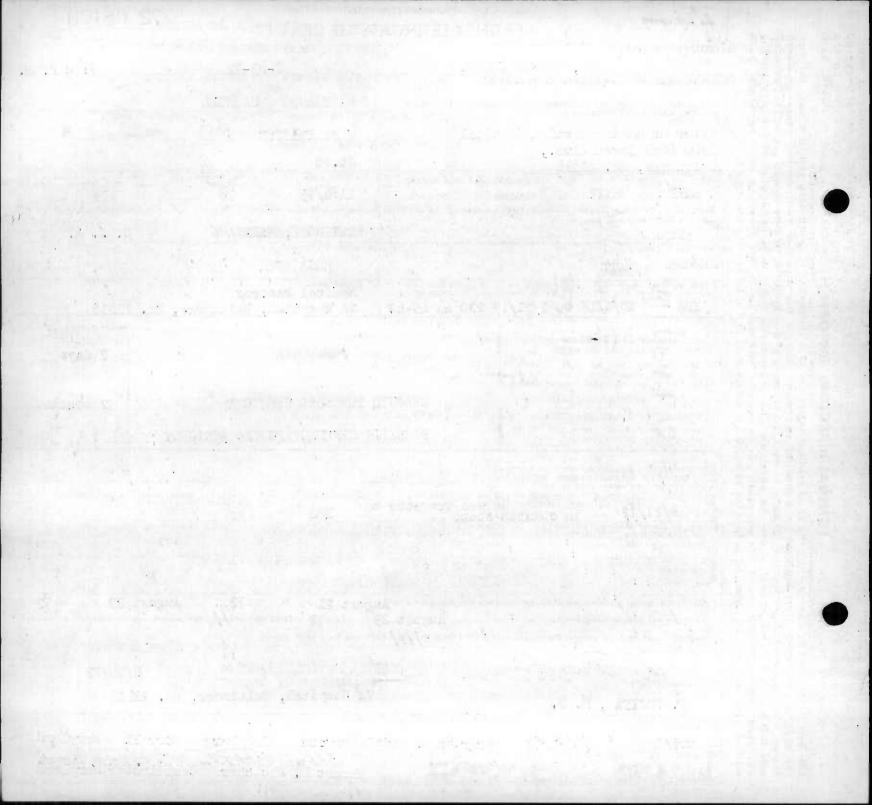
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who account and the deceased deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. RGB

VS 150-REV. 1/1/68

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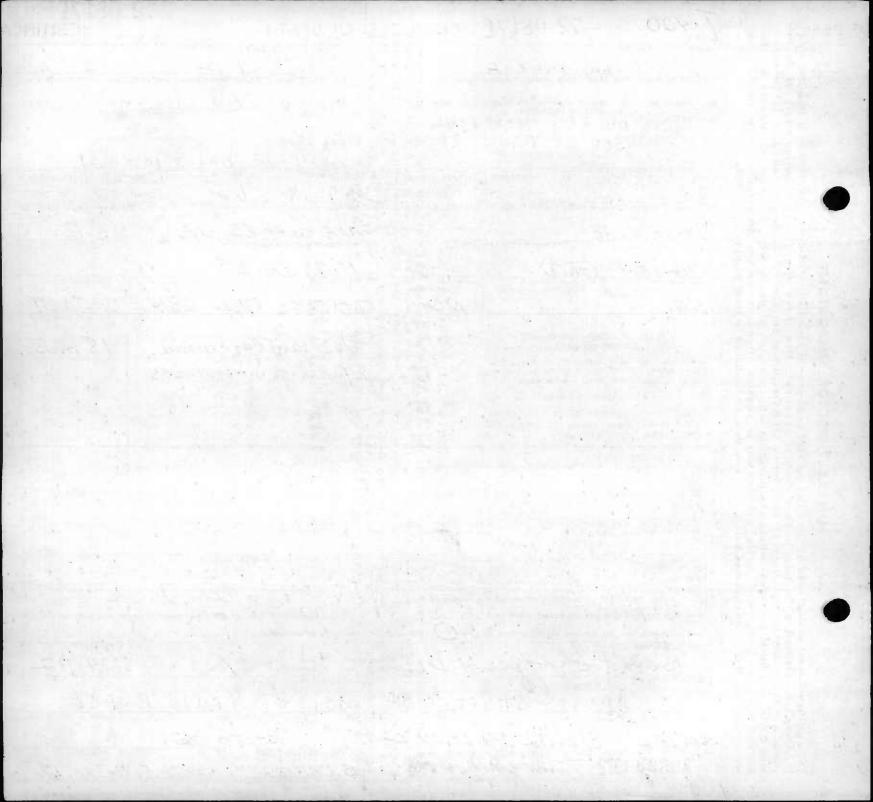
AND THE PROPERTY AND LEADING TO STATE OF THE PARTY OF THE

1				BALTIMORE CITY	HEALTH DEPARTMENT	V	72 08170		
BIRTH	-650 NO	72 0	8170	CERTIFICA	TE OF DEATH	REG. NO.	THE TRADUT AND DRAW		
1. NAA	ME OF DECEA		OLIU		2. DATE	AND HOUR OF SEATH	The state of the s		
(Туре	or Print)	HORN, GEO	ORGE JO	SEPH	8-23-72 Value 7:00 P.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmiss A, STATE  B, COUNTY				
					MARYLAND CARROLL				
FULL HOSP	NAME OF	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?		
	torone å	dministratio	on Hoen	i tol	WESTMINISTER YES NO X				
		Raven Blud.		L UCLAL	E. STREET AND NUMBER				
		Md. 21218	•		Rt. 6				
5. SEX	6	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours M		
1	MAIE	WHITE			11/4/93	lost birthdoyl	Months Doys Hours		
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY						12. CITIZEN OF WHAT COU		
	one during most of working lile, even if retired)						77 0 4		
	FARMER				BALTIMORE, M		U. S. A.		
	THER'S NAMI				14. MOTHER'S MAIDEN N				
GE (	ORGE	Horn			ROSE AVE				
5. Wc	os Deceased E	ver in U. S. Armed For f yes, give war or dote	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT Medical Rec	onde	ADDRESS		
	YES	10/2/18 to 2					363 03030		
	B. // 50	10/2/10 00 2	5/21/19	220 44 45 47		, Baltimore,	MO. 21210  APPROXIMATE INTER		
D	At DISEASES OR ise to the	ication which caused ITECEDENT CAUSES CONDITIONS, if above cause (A)	any, giving	DUE TO, OR AS	C SUBDURAL HEM		2 months		
ATION	OTHER SIGNIFIC	WAS PER	HE TERMINAL RT 1 (A). IDITION FOR FORMED HE	(c) POSSIE	On YES		E FINDINGS CONSIDERED AUSES OF DEATH?		
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AL CERTIFICATION	other signific O THE DEATH DISEASE OR CO 9A. DATE OF CO 8/21/ 1A. ACCIDENT DR CONTRIBUT	ANT CONDITIONS CO BUT NOT RELATED TO T NDITION GIVEN IN PAR PPERATION 198. CON WAS PER 72 in CO	HE TERMINAL RT 1 (A). IDITION FOR FORMED HE OMATON (21)	which operation was operated state  PLACE OF INJURY (e.g., ne, form, foctory, sheet, o	on YES	No) 20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?		
DICAL CERTIFICATION	DTHER SIGNIFIC O THE DEATH DISEASE OR CO 9A. DATE OF CO 1A. ACCIDENT OR CONTRIBUT DEATH (notify in	ANT CONDITIONS CO BUT NOT RELATED TO T NOTION GIVEN IN PAR PERATION 198. CON WAS PER 172 17 CO WAS UNDERLYING ING CAUSE OF	HE TERMINAL IT 1 (A). IDITION FOR FORMEDHE Omaton 21E hor etc	which operation was operated state  PLACE OF INJURY (e.g., ne, form, foctory, sheet, o	On YES	No) 20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?		
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MEDICAL CERTIFICATION 70 71 71 72 72 74	THER SIGNIFIC O THE DEATH OISEASE OR CO PALDATE OF CO PALDATE OF CO TR. CONTRIBUT DEATH (notify notify notification notify notif	ANI CONDITIONS CO BUT NOT RELATED TO T NDITION GIVEN IN PAR PPERATION 178. CON WAS PER IN CO WAS UNDERLYING ING CAUSE OF Nedicol exominer)  Month) (Day) (Yeor)  hat (1) (this hospitol post saw the deceose	HE TERMINAL IT   (A).  IDITION FOR FORMED HE DIMATON S  (Hour) 21E hor etc  (Hour) 21E WW. WW.	which operation was operated state  PLACE OF INJURY (e.g., not, foctory, sheet, or not)  INJURY OCCURRED Not White At Work the deceased from August 2	on 20A. AUTOPSY? (Yes or YES in or about 21C. WHERE DID office bldg., HNJURY OCCUR?  21F. HOW DID I	No) 20B. IF YES, WERI IN CERTIFYING C  (If In Boltim  NJURY OCCUR?  19 72 to A  that In (phy) (our) o	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exect location)		
MEDICAL CERTIFICATION  70  71  72  73  74	THER SIGNIFIC O THE DEATH OISEASE OR CO PALDATE OF CO PALDATE OF CO TR. CONTRIBUT DEATH (notify notify notification notify notif	ANI CONDITIONS CO BUT NOT RELATED TO T NDITION GIVEN IN PAR PPERATION 178. CON WAS PER IN CO WAS UNDERLYING ING CAUSE OF Nedicol exominer)  Month) (Day) (Yeor)  hat (1) (this hospitol post saw the deceose	HE TERMINAL IT   (A).  IDITION FOR FORMED HE DIMATON S  (Hour) 21E hor etc  (Hour) 21E WW. WW.	which operation was operated state  PLACE OF INJURY (e.g., not, foctory, sheet, or not)  INJURY OCCURRED Not White At Work the deceased from August 2	on 20A. AUTOPSY? (Yes or YES in or about 21C. WHERE DID ffice bldg., HNJURY OCCUR?	No) 20B. IF YES, WERI IN CERTIFYING C  (If In Boltim  NJURY OCCUR?  19 72 to A  that In (phy) (our) o	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct location)  ugust 23 19 7		
MEDICAL CERTIFICATION  70  70  70  71  71  72	THER SIGNIFIC O THE DEATH OISEASE OR CO PALDATE OF CO PALDATE OF CO TR. CONTRIBUT DEATH (notify notify notification notify notif	ANI CONDITIONS CO BUT NOT RELATED TO T NOTITION GIVEN IN PAR PPERATION 198. CON WAS PER IN CO WAS UNDERLYING ING CAUSE OF nedicol exomines) Month) (Day) (Yees)  Out this hospitol Out the couses star	HE TERMINAL IT   (A).  IDITION FOR FORMED HE DIMATON S  (Hour) 21E hor etc  (Hour) 21E WW. WW.	which operation was operated state  PLACE OF INJURY (e.g., ne, form, foctory, sheet, or hile At Work the deceased from August 2  (We) (did) (did/nof)	On 20A. AUTOPSY? (Yes or YES in or about 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID I	Not 208. IF YES, WERING C  (If In Boltim  NJURY OCCUR?  19 72 to 4  that In (19) (our) of	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct location)		
MEDICAL CERTIFICATION  7)  O O O O O O O O O O O O O O O O O O O	DTHER SIGNIFIC O THE DEATH DISEASE OR CO 9A. DATE OF CO 1A. ACCIDENT DEATH (notify notify not	ANI CONDITIONS CO BUT NOT RELATED TO T NOTITION GIVEN IN PAR PPERATION 198. CON WAS PER IN CO WAS UNDERLYING ING CAUSE OF nedicol exomines) Month) (Day) (Yees)  Out this hospitol Out the couses star	HE TERMINAL IT   (A).  IDITION FOR FORMED HE DIMATON S  (Hour) 21E hor etc  (Hour) 21E WW. WW.	which operation was operated state  PLACE OF INJURY (e.g., ne, form, foctory, sheet, or  INJURY OCCURRED wile At Work whe deceased from August 2  (We) (did) (did/nof)	20A. AUTOPSY? (Yes or YES in or about 21C. WHERE DID office bldg., thy JURY OCCUR?  21F. HOW DID I	Not 208. IF YES, WERING C  (If In Boltim  NJURY OCCUR?  19 72 to 4  that In (19) (our) of	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct location)  USUST 23 19 7  pinion death occurred on the		
AEDICAL CERTIFICATION (1/2)	DTHER SIGNIFIC O THE DEATH DISEASE OR CO 9A. DATE OF CO 1A. ACCIDENT DEATH (notify notify not	ANI CONDITIONS CO BUT NOT RELATED TO T NOTITION GIVEN IN PAR PPERATION 198. CON WAS PER IN CO WAS UNDERLYING ING CAUSE OF Dedicol exomines) Month) (Day) (Yees)  The course of the course start  The course of the course of the course of the course start  The course of the	HE TERMINAL IT   (A).  IDITION FOR FORMED HE DIMATON S  (Hour) 21E hor etc  (Hour) 21E WW. WW.	which operation was operated state  Splace of injury (e.g., ne, form, foctory, sheet, or injury occurred hile At Not White deceased from August 2  (We) (did) (did/pof)	20A. AUTOPSY? (Yes or YES in or about 21C. WHERE DID ffice bidg., thyJURY OCCUR?  21F. HOW DID I  123 19 72 and view the bady after deotlers.  Med. Director 123D. ADDRESS	No) 20B. IF YES, WERING C  (If In Boltim  NJURY OCCUR?  19 72 to A  that In (1974) (our) of the staff of the	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct location)  Jugust 23 19-7  pinion death occurred on the 23B, DATE SIGNED 8/21/72		
WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  723	THER SIGNIFIC O THE DEATH DISEASE OR CO PALDATE OF CO PALDATE OF CO TO R CONTRIBUT DEATH (notify notify not	ANI CONDITIONS CO BUT NOT RELATED TO T NOTITION GIVEN IN PAR PPERATION 198. CON WAS PER IN C WAS UNDERLYING ING CAUSE OF Nedical examines) Month) (Day) (Year)  The course of the course start  The course of the course start of the course start  The course of the course start of the	HE TERMINAL IT   (A).  IDITION FOR FORMED HE DIMATON S  (Hour) 21E hor etc  (Hour) 21E WW. WW.	which operation was operated state  PLACE OF INJURY (e.g., ne, form, foctory, sheet, or  INJURY OCCURRED wile At Work whe deceased from August 2  (We) (did) (did/nof)	on 20A. AUTOPSY? (Yes or YES in or about 21C. WHERE DID In the property of the	No) 20B. IF YES, WERING C  (If In Boltim  NJURY OCCUR?  19 72 to A  that In (1974) (our) of the staff of the	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct location)  Jugust 23 19-7  pinion death occurred on the  238, DATE SIGNED  8/24/72		
AEDICAL CERTIFICATION (1/2)	DTHER SIGNIFIC O THE DEATH DISEASE OR CO PALDATE OF CO PALDATE OF CO THE DEATH OF CONTRIBUT DEATH (notify not) TO TIME OF INJURY APPROX.)  2. I certify to hot (f) (we) I and hour ond 3A. SIGNATUR NAME (Typ K. FUJ	ANI CONDITIONS CO BUT NOT RELATED TO T NOTITION GIVEN IN PAR PPERATION 198. CON WAS PER IN CO WAS UNDERLYING ING CAUSE OF nedicol exomines) Month) (Day) (Yeor)  The course of the cours	HE TERMINAL IT I (A).  TOTAL TO THE TERMINAL IT I (A).  TOTAL TO THE TERMINAL IT I (A).  TOTAL TO THE TERMINAL IT I (A).  TOTAL THE TERMINAL IT I (A).  TOTA	which operation was operated state  PLACE OF INJURY (e.g., ne, form, foctory, sheet, or other field of the deceased from August 2  (We) (did) (did/pl/)  GEOREE	On 20A. AUTOPSY? (Yes or YES in or about 21 C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID I  1e 2 2 and view the bady after deotlers    Proview the bady after deotlers    23D. ADDRESS VA HOSPITAL,	No) 208. IF YES, WERING COURT (If In Boltim NJURY OCCUR?  19 72 to A that In (19) (our) of the Phys. & Baltimore, M.	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct locotion)  ugust 23 19 7  pinion deoth occurred on the  238. DATE SIGNED  8/21/72  Id. 212 18		
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WED CAL CERTIFICATION (A)	THER SIGNIFIC O THE DEATH OF THE DEATH DISEASE OR CO PALDATE OF CO PALDA	ANI CONDITIONS CO BUT NOT RELATED TO T NOTITION GIVEN IN PAR PPERATION 198. CON WAS PERI IN CO WAS UNDERTYING CAUSE OF Dedicol exominer)  Month) (Day) (Yeor)  The course of the course	HE TERMINAL IT I (A).  IDITION FOR FORMED HE DIMETON (Hour) 21E WI WO	which operation was operated state Place Of INJURY (e.g., ne, form, foctory, sheet, or interest of the deceased from August 2  (We) (did) (d/d/n/s)  Ame of CEMETERY of CR	On 20A. AUTOPSY? (Yes or YES in or about 21C. WHERE DID office bldg., thy JURY OCCUR?  21F. HOW DID I  12	Not 208. IF YES, WERI IN CERTIFYING C  (If In Boltim  NJURY OCCUR?  19 72 to A that In (A) (our) of the phys.   Baltimore, M Location ( inksburg C	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct location)  TUBUST 23 19 7  pinion death occurred on the  23B, DATE SIGNED  8/21/72  Ide 212 18  City, town, or county) (S		



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

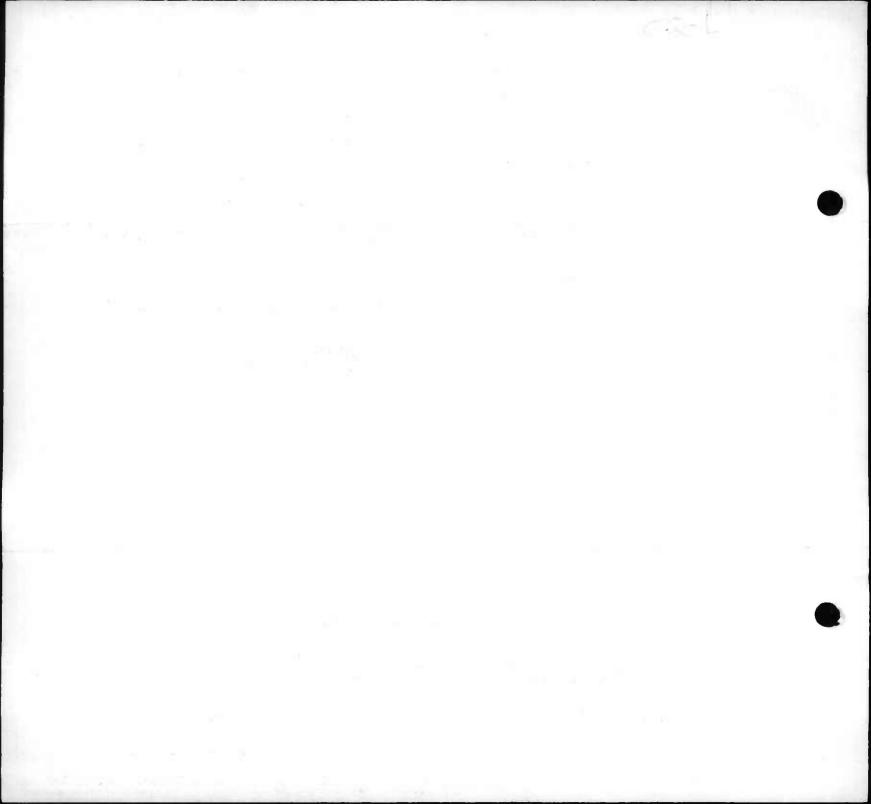
7 ,,	BALTIMORE CITY	HEALTH DEPARTMENT		72 08171
72 08171	CERTIFICA	TE OF DEATH	REG. NO.	T WARVE AND DUME
1, NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	E MARYLAND-DHMH
(Type or Print) TULL, MARIA		8. 2	14.71	1/204 A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (When	e deceased tived. If ins	titutian: residence before admission)
FILL MANS OF ALE NOT IN HOSPITAL OF INSTITUTION	ON CIVE STREET	1.		601
HOSPITAL OR HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)  ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
MERCY HOST	TAL	KALTO.		YES TO NO
301 St. PAUL	ST.	E. STREET AND NUMBER		
		2814 E	BALTI	MOREST.
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
F W WIDOWED	DIVORCED [	9.9.09	1,2	10013
10A. USUAL OCCUPATION (Give kind of wark 10B. KIND OF BI	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote ar foreig	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
done during mast af warking life, even if retired)		COPE CHAPI	ES WA	U.C.A
13. FATHER'S NAME		CAPE CHARLE	AE VIII	013171
LULLIAM CRAV		MAHLAR	25-	
15, Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	MARGAR 17. INFORMANT	EI	ADDRESS
(Yes, no or unknawn) (If yes, give war ar dates af service)	SECURITY NO.			
INO	NO		ULL 281	
18. 183,01	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Alvarian C	anine	18 100
(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAU		arcinoma	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death,)	with	Pulmonary m	netastase	5
ANTECEDENT CAUSES		1		
DISEASES OR CONDITIONS, if any, giving	(B)	A CONSEQUENCE OF:		
rise to the above cause (A) stating the				
UNDERLYING CONDITION last.	(c)			
Z OTHER CLONIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
O THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED	ICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAL	ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., i	or about 21 C. WHERE DID	(If In Baltimare	City, give exact lacation)
DEATH (notify medical examiner) etc.)	tarm, foctory, street, ar	fice bldg., INJURY OCCUR?		
	JURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
While	At Not While	· 🗖		
VY OFK.	At Wark		- 7)	3 2 1/ 2 1/
22. I certify that (I) (this haspital) attended the	en . /		9 /2/10	1.24 1972
that (D(we) last saw the deceased alive an			at in (1697) (aur) apir	lan death accurred an the date
and haur and fram the causes stated abave. (1)	We) (did) (did nat) v	iew the bady after death.		DATE SIGNED
23A. SIGNATURE	AI D AHO	nding Med.	Short North	23B. DATE SIGNED
waved Broyen.	DEOREE		Shaff Phys.	8/34/12
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
JAVID SHAI	FFER MD	BO1 ST.	PAUL	PLACE
24A. BURIAL CREMATION. 24B. DATE 24C. NAN	E of CEMETERY of CRE	MATORY 24D. LC	OCATION (Cit	y, town, or caunty) (State)
BUKIAI 8/9/179 DAY	LANN CE	m: BA	LTO, MD.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	PEGISTRAR	2SC. FUNERAL DIRECTOR	-10,1.2.	ADDRESS
AUG28 1972 Thompson	MAKEN	B. DARROW	SK1 28/8	E. BALTO. ST.
VS 150-REV, 1/1/6B				6.10:16/6.01



-520 HNO.	72	0817
MAE OF DECEMBED		

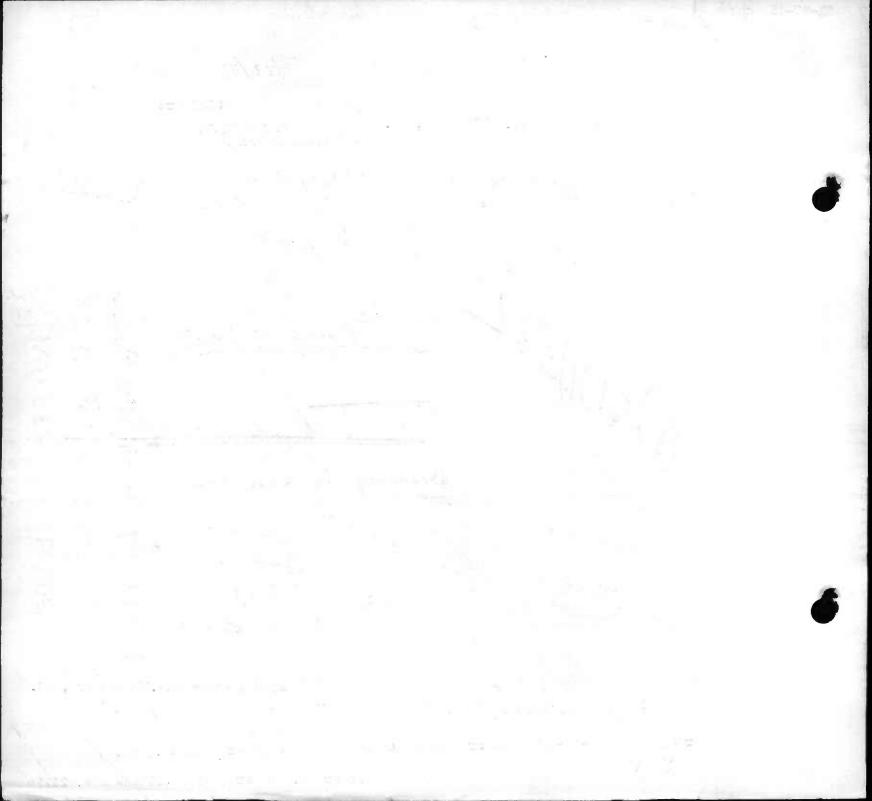
BIRTH NO.  LIAMAGE OF DETAINST  (Type or Finds)  SARAH BLANCED JONES  A JAKE  LA STATE  SARAH BLANCED JONES  A JAKE  SARAH BLANCED JONES  A JAKE  SARAH BLANCED JONES  A JAKE  LA STATE  ADDRESS OR LOCATION)  A JULIA RESIDENCE LIVEWING ACCOUNTY	1-527	72	08178	BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO.	2 08172
Corne   Continue   C				CERTIFICA	TE OF DEATH	REG. NO.	OF MARATTAND-DHME
APACE IN BALLIMORE, MARTLAND, WHERE PRONOUNCED DEAD  FULL NAME OF UP HOST IN HOSTITAL OR INSTITUTION, GIVE STREET  ADDRESS OR LOCATION!  GOG N. BAST AVC. 21205  S. SER  CRACE  AMARINED  NEW MARKINED  NEVER MARRINED  NEVER			ratta tox	Tag			
RULL NAME OF ROSTRIAL OR INSTITUTION, GIVE STREET  ROSTRIAL OR  ROSTRI	3. PLACE IN BAL					~	700
MOSPITUAL OR NOTIFICATION  606 N. Past Ave. 21205  5. SEX  6. BACE  7. MARRIED  NOTIFICATION  606 N. Past Ave. 21205  5. SEX  6. BACE  7. MARRIED  NOTIFICATION  10. DATE of BRITH  10. ADAT of BRITH  10.					A. STATE B. CO	UNTY	7/
606 N. Past Ave. 21205  5. SEX  6. RACE  7. MARRIED NEVER MARRIED SINCE TAND NUMBER  60. N. East Ave. 21205  5. SEX  6. RACE  7. MARRIED NEVER MARRIED SINCE TAND NUMBER  60. N. East Ave. 21205  6. DATE of BIRTH  7. ADTE OF BIRTH	HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET		ID INC	SKOID
S. SER  G. RACE  P. MARRIED   NEVER MARRIED   L. DATE OF BRITH  C. LUCASIAN  WIDOWED   DIVORCED   25 July 86  G. N. East Ave. 21205  S. SER  G. RACE  P. MARRIED   NEVER MARRIED   L. DATE OF BRITH  C. LUCASIAN  WIDOWED   DIVORCED   25 July 86  G. DATE OF BRITH  C. ADE Go years  G. C. LUCASIAN  WIDOWED   DIVORCED   25 July 86  G. DATE OF BRITH  C. LUCASIAN  WIDOWED   DIVORCED   25 July 86  G. DATE OF BRITH  C. LUCASIAN   C. DATE OF BRITH  C. LUCASIAN   C. DATE OF BRITH  C. LUCASIAN   C. DATE OF BRITH  G. ADERS   C. C. DATE OF BRITH  C. RITCH SMADLE CLUSTER  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, a.g., inequivery of complication which coused decises, injury or complication which coused	NSHIDHON						
S. SEK   ARCE   7- MARRIED   NEVER MARRIED   S. DATE OF BIRTH   10- AGE for greets   Hudger   17- Heaves   Main.	00	SOS N FOS	+ 1200	21205	E. STREET AND NUMBER		120 100
S. SEK   C. RACE   C. RACE		OOO N. Eas	U AVE.	CLAUJ	606 N East	Ave. 21205	
10. SILAL OCCUPATION   Give lind of weak)   10. KIND OF USINESS OR INDUSTRY   11. BIRTHFLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. BIRTHFLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. BIRTHFLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. BIRTHFLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. BIRTHFLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. BIRTHFLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. CITIZEN OF WHAT COUNTRY   14. MOTHER'S MANDEN NAME   14. MOTHER'S MANDEN NAME   14. MOTHER'S MANDEN NAME   14. MOTHER'S MANDEN NAME   15. CURITY NO.   17. INFORMANY   17. INFORMANY   18. CURITY NO.   18. CURIT	5. SEX	6. RACE	7- MARRIED	NEVER MARRIED		9. AGE (In years	It Under 1 Yr Il Under 24 Hrs.
Dept. Store   Maryland   U.S.A.							Months Doys Hours Min.
13. FATHER'S NAME			10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
George Lidard  15. Wen Deceased Eve Is U. S. Armed Faces?  16. SOCIAL TYS., no or unknown) If yes, give wor or dates of service)  10. 217-18-3197A  C. Ruth Leary, 606 N. East Ave. 21205  217-18-3197A  C. Ruth Leary, 606 N. East Ave. 21205  218. 4 J CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., inert folius, catheria, etc. Il means the disease, injury or compilcotion which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) staling the UNDERLYING CONDITION lost.  (C).  TO THE DEATH BUT NOT RELATED TO THE REMINAL  DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE REMINAL  OF INJURY OF OPERATION  19. CONDITIONS CONTRIBUTING TO THE OF OPERATION  OR CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING  OF INJURY  OF INJURY  (A) MANUAL WAS PREFORMED  21A. ACCIDENT WAS UNDERLYING  DEATH (and) medical examined  21A. ACCIDENT WAS UNDERLYING  OF INJURY  (A) MANUAL WAS PREFORMED  21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID fine, form, fockory, sheet, olifice bidg, involved examined  21A. ACCIDENT WAS UNDERLYING  OF INJURY  (A) MANUAL WAS PREFORMED  21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID  DEATH (and) medical examined  21B. HOW DID INJURY OCCUR?  While A1 Not While word in the deceased of the deceased from 19 on that (1) (we) last sow the deceased all ve on 19 on that (1) (we) last sow the deceased all ve on 19 on that (1) (we) last sow the deceased all ve on 19 on that (1) (we) last sow the deceased all ve on 19 on that (1) (we) last sow the deceased all ve on 19 on that (1) (we) last sow the deceased all ve on 19 on that (1) (we) last sow the deceased all ve on 19 on that (1) (we) last sow the deceased all ve on 19 on that (1) (we) last sow the deceased all ve on 19 on that (1) (we) last sow the deceased all ve on 19 on that (1) (we) last sow the deceased all ve on 19 on that (1) (we) last sow the deceased all ve on 19 on that (1) (we) last sow the decease			Dept. S	Store	Maryland		U.S.A.
15. Was Decessed Ever in U. S. Armed Forces?   16. SOCIAL SECURITY NO.   217-18-3197A   C. Ruth Leary, 606 N. East Ave. 21205     18. L	13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
15. West, no or unknown  (if yet, give wer of dates of service)   16. SOCIAL SECURITY NO.   217-1.8-5197A   C. Ruth Leary, 606 N. East Ave. 21205   10   10   10   10   10   10   10	(	George Lidard			Martha S	wayne	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heert foliur, eathering, ic.) I meens the disease, injury or complication which caused death, injury or complication of the death o			ces?		17. INFORMANT		ADDRESS
This age in the one of the mode of dying, e.g., heart follow, ashenic, etc. It means the disease, injury or complication which caused death.]  ANTECEDENT CAUSES  DISEASES OR CONDITION, if ony, giving rise lo the above cause (A) staling fine UNDERLYING CONDITION lost.  (C)  OHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASES OR CONDITION (See In Part 1) PA. DATE OF OPERATION WAS PERFORMED WAS PERFORMED WAS PERFORMED WAS PERFORMED DEATH (Indity medical examined etc.)  21A. ACCIDENT WAS UNDERLYING DEATH (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED DEATH (Indity medical examined etc.)  21D. Time (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED Willed Work with Was Underly the Condition on the dote and hour and from the causes stated above. (I) (We) (did) (did not) view the bady ofter death.  23A. SIGNATURE  Attending Med. Shaff Death (Time)  23D. ADDRESS  Attending Med. Shaff Death (Month) (23E. DATE SIGNED DEATH (Indity) (23E. D		ill yes, give wor or dote	s of service	The state of the s	C. Ruth Leary,	606 N. East	Ave. 21205
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not ment the mode of dying, e.g., heart foliure, astheria, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving ise to the above cause (A) staling the UNDERLYING CONDITION lost.  (C)		// 1					APPROXIMATE INTERVAL
LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foliure, oshenia, etc., li meons the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) staling the UNDERLYING CONDITION tost.  (C)	7/1	SE OR CONDITION DI	RECTLY			(5)	
This does not mean the mode of dying, e.g., head followe, salhenia, elc. It means the disease, head followe, salhenia, elc. It means the disease, head followe, salhenia, elc. It means the disease, injury or complication which caused death.]  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving mise to the above cause (A) sfoling the UNDERLYING CONDITION last.  (C)  OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION OF				AND MANAGER CALL	" ASCV		Mars
Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving isse to the above cause (A) stating the UNDERLYING CONDITION last.  (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1974. DATE OF OPERATION 1985. CONDITION FOR WHICH OPERATION 1974. CONTRIBUTING CAUSES OF DEATH?  2714. ACCIDENT WAS UNDERLYING DEATH of CONTRIBUTING OR CONTRIBUTING CAUSES OF DEATH?  2715. ACCIDENT WAS UNDERLYING DEATH (Indity medical examined) Contribution of Contribution on Contribution on Contribution of Contribution on Con	(This does n	not meen the mode of	dying, e.g.,				
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (C)   OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  (B)   DUE TO, OR AS A CONSEQUENCE OF:  (C)   OTHER SIGNIFICANT CONDITION Last.  (C)   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  (B)   DUE TO, OR AS A CONSEQUENCE OF:  (C)   OTHER SIGNIFICANT CONDITION Last.  (C)   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING LAST.  (C)   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING LAST.  (D)   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING LAST.  (C)   OTHER SIGNIFICANT CONDITION LAST.  (C)	injury or con	plicolion which caused	deoth.)				
UNDERLYING CONDITION last.  (c)		ANTECEDENT CAUSES		(p)			
UNDERLYING CONDITION last.  (c)	DISEASES C	OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		**************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofilly medical examined)  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH (nofilly medical examined)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  While At Work  22, I certify that (I) (this hospital) attended the deceased from 1965 to 19 that (I) (we) last sow the deceased alive on 19 That (II) (we) last sow the deceased alive on 19 23A. SIGNATURE  Aftending Med. Director Phys.  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS	UNDERLYING	e above cause (A) G CONDITION last	staling the				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  OR CONTRIBUTING   CAUSE OF DEATH?  IN CERTIFING CAUSES OF DEATH?  (If In Bollimore City, give exoct locotion)  OR CONTRIBUTING   CAUSE OF DEATH?  OR CONTRIBUTION   CAUSE OF DEATH?  OR CONTRIBUTION   CAUSE OF DEATH?  OR CONTRIBUTION   CAUSE OF DEATH   CAUSE OF DEATH   CAUSE OF DEATH   CAUSE O		11		( )			
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, olice bidg., INJURY OCCUR?   (if in Boltimore City, give exoct locotion)   19B. CONTRIBUTING   CAUSE OF DEATH?   (Aprox.)   (If in Boltimore City, give exoct locotion)   (if in Boltimo	O OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING				
21A. ACCIDENT WAS UNDERLYING   CAUSE OF   CONTRIBUTING   CAUSE OF   Contribution   Cause of   Ca	DISEASE OR C	ONDITION GIVEN IN PAR	T 1 (A).	***************************************	***************************************		
21A. ACCIDENT WAS UNDERLYING   CAUSE OF   CONTRIBUTING   CAUSE OF   Contribution   Cause of	E 19A. DATE OF	OPERATION 198 CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notily medical examines)    DEATH (notily medical examines)	D 121A. ACCIDE	NT WAS INDERLYING	1  218	PLACE OF INITION IS IN	as about 21 C WHERE DID		
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  While At Work 1 1965 to 19 19 19 1965 to 19 1965 to 19 1965 to 19 1965 to 19 19 1965 to 19 19 1965 to 1	OR CONTRAINE	ITING CAUSE OF	hom	e, form, foctory, street, oli	fice bidg., INJURY OCCUR?	fit to politimor	e City, give exoct locotion;
22. I certify that (I) (this hospital) attended the deceased from	OF INTURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID !!	NJURY OCCUR?	
22. I certify that (1) (this hospital) attended the deceased from	(APPROX)			ile At Work	· ·		
that (1) (we) last sow the deceosed alive on	22. 1 certify	that (1) (this hospital				1065	10
and hour and from the causes stated above. (1) (We) (did) (did not) view the bady ofter death.  23A. SIGNATURE  Ligariles MacMirw MacMed Director Director Phys.   23B. DATE SIGNED    23C. PHYSICIAN'S NAME (Type)   23D. ADDRESS	1			aug 14	10 72		
23A. SIGNATURE  Clarific MacMinum Modres  Attending Med. Director Phys. Clicy 25, 1972  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS				\ (W-\ (J-1)\/\(\frac{1}{2}\)			mon deorn occurred on the dote
Exactles MacMin Modres Attending Med. Director D	23A. SIGNATU	IRE	ed above. (I	) (me) (did)vidia not) Vi	lew the bady offer death	•	22P DATE SIGNED
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  23D. ADDRESS	f lead	1. LM	Mi	Alter	nding Med.	Staff [7]	111111111111111111111111111111111111111
NAME (Type)	23C. PHYSICIA	N'S	7100	DEGREE			rucg - 11/1
C. C. MAC MINN MD 2000 F Relimore St 21205	NAME (T	ype)					/
	24A. BURIAL COF	C. MAC MINN	MD	DEGREE			
REMOVAL (Specify)	REMOVAL (	Specify)					
burial 28 Aug 72 Oak Lawn Cemetery Balto. Co., Md. 21224							
AUG28 1972 258. Name of registrar 25C. Funeral director Address Julilrich Funeral Home, Balto., Md. 21206		- // .	Jan NAME O	A KEGISTRAK			

VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

Howard H. Hubbard, 4107 Wilkens Ave. 21229



	TH NO.				74 CERTIFIC		2. DATE A	STATE	OF MAI	RYLAND-DHMH
				XXXXXX		_	Augus	,		
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS DR LOCATION)					MARY	LUSUAL RESIDENCE (Where deceosed lived. If institution: residence before admission as STATE R. CDUNTY  MARYLAMD  C. CITY ORTOWN  D. INSIDE CITY LIMITS?  YES W NO  E. STREET AND NUMBER  250 3 GARRISOM BLVO - 21216				
					E. STREET AN					
5. S	M	6. RACE	W	7. MARRIED	NEVER MARRIED DIVORCED	1 07-	02-01	9. AGE (In years lost birthdoy) 7	1 Mont	nder 1 Ye. If Under 24 H ths Doys Hours Min.
don	. USUAL OCCI e during most of t	JPATION (Give ) working life, even	kind of work n if retired)	108, KIND OF	BUSINESS OR INDUST		ElState or fore	ign country)	12. 0	CITIZEN OF WHAT COUNT
13.	FATHER'S NA	WE				14 MOTHER'S	MAIDEN NA	ME		
	Cl	narles	L. Cra	aig		Kat	ie A. E	ryson		
15. 1	Was Deceased	Ever in U. S.	Armed Fore	es?	16. SOCIAL SECURITY NO.	17. INFORMAN	T			ADDRESS
	o		Wat at auto	or solvicer	SECORITI NO.	MRS. 6	9001.9	1685518	0. 1	347 LINDEN
	18. 4/1/	/ 1			CAUSE OF DEA		00,000	10	10 /	APPROXIMATE INTERVA
	DISEASES O	NTECEDENT	CAUSES	dying, e.g., the disease, death.)	(8) Aufer	AS A CONSEQUENCE	i Car E OF:	h anem dio vasc Oesea	yem ular	
NOL	DISEASES Of the UNDERLYING	ANTECEDENT OR CONDITION OR GROVE CON OR CONDITION OR CONDITION OR CONDITION	CAUSES ONS, if a use (A) is last.	ny, giving staling the	(8) <u>Outer</u> (8) <u>Due 10, Or</u> (c)	AS A CONSEQUENCE	i Car	h anew dio vasc Oisea	ysm ular	***************************************
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25B. NAME OF REGISTRAR

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**ADDRESS** 

Baker

Leonard J Ruck Inc. Baltimore, Md

25C. FUNERAL DIRECTOR

REMOVAL (Specify)

Burial

VS 151-REV. 1/1/6B

25A. DATE REC'D BY HEALTH DEPT.

8/28/

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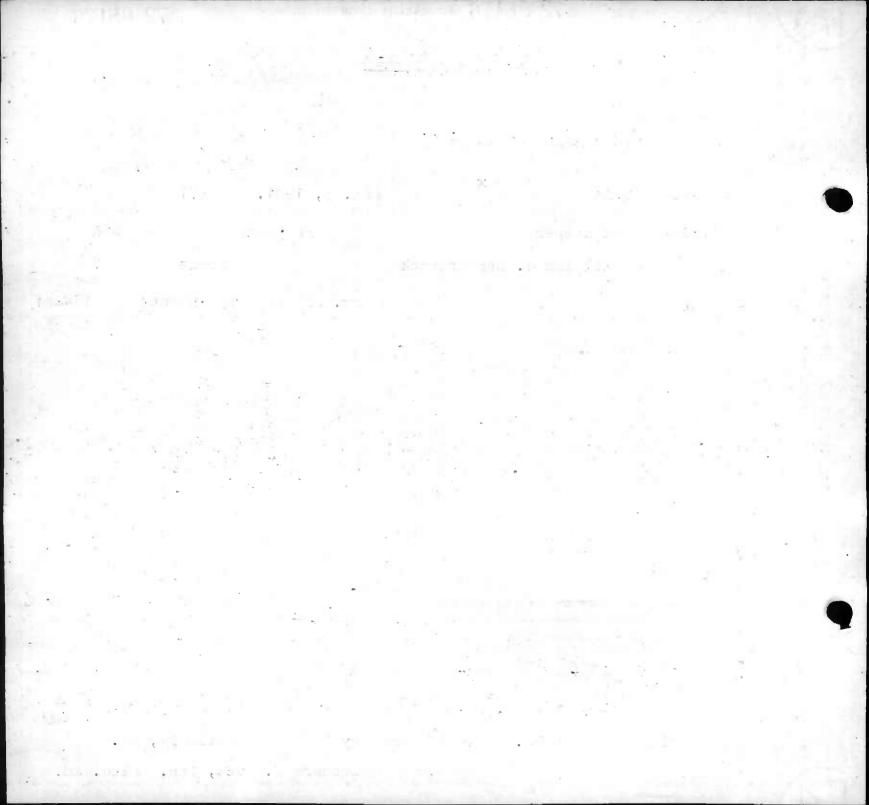
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF I, NAME OF DECEASED USUAL RESIDENCE (Where deceased 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD lived. If institution: residence B. COUNTY A. STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  $\alpha$ FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? 6001 BURGESS NO E. STREET AND NUMBER 600 5. SEX 6. RACE 9. AGE (In years B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. 7- MARRIED X NEVER MARRIED Male White 1901 Jan. WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Retired Book Keeper Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William J. Deppenbrock Carrie 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Mildred Deppenbrock (Same) No CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF mbai heart foilure, osthenio, etc. Il meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving CONSEQUENCE rise to the obove couse (A) sloting the UNDERLYING CONDITION lost, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATIO 20B. IF YES, WERE FINDINGS CONSILIN CERTIFYING CAUSES OF DEATH? WERE FINDINGS CONSIDERED WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exact location) MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work 22. I certify that (1) (this hospital) attended the deceased fram that (I) (we lost sow the deceased alive on ... ond that in (my) (our apinian seath occurred on the dote and from the couses stated above. (1) (W) (did) (did sot) view the body after death. must 23 A. SIGNATUA 23B, DATE SIGNED Attending Director written approval 23C PHYSICHAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specify) 8/28/72 Parkwood Cemetery Baltimore, Md. 25C. FUNERAL DIRECTOR ADDRESS Leonard Jo Ruck, Inc. Balto. Md. VS 150-REV. 1/1/68



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2007	-612		ie uc	CERT	<b>IFICA</b>	TE OF DEATH	REG. NO.	12 UOLII
BIRTH 1, NA	ME OF DECE	ASED					HOUR OF DEATH	DE MARYLAND-DHMH
(Туре	ar Print)	PARGARET	F	TRA	VIS		AUGAZ	1 10:22 11:42 1
3. PL/		MORE MARYLAND,	WHERE PROP			4. USUAL RESIDENCE (Where	deceased lived. If in	
						A. STATE B. COUNT	4	2102
HOSP	NAME OF	ADDRESS OR LO	TTAL OR INS	TITUTION, GIVE ST	REET	C. CITY ORTOWN	D INC	IDE CITY HANTES
PINZIII	TUTION			100		C.CIT GOVIN	D. INS	YES NO NO
50	OUTH B	BALTIMORE	GENER	AL HOSPI	TAL	E. STREET AND NUMBER	5	TES E NO []
						1332 lenge	and It	2/223
5. SEX		6. RACE	7. MARRIE	NEVER MAR	RIED	8. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs.
1	-	11.	WIDOWI	-		4/28/1007	st birthday)	Months Days Haurs Min.
		PATION (Give kind of wo			- Longon	17. SIRTHPLACE (State ar foreign	country)	12. CITIZEN OF WHAT COUNTRY?
done d	wing most of w	orking life, even if retired	1 2	1		(1).		21 11
13. FA	THER'S NAM	ewifie	600	and		14. MOTHER'S MAIDEN NAMI	ua	9.371.
1	20	0 60 /2	3			D MAIDEN NAME	00	
6	learl	15 C. 1	un	V		Cora Co	ffman	
Yes, no	as Deceased   a ar unknown)	Ever in U. S. Armed F (If yes, give war or do	arces? ites of service	1 6. SOCIAL SECURITY I	NO.	17. INFORMANT		1337
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18	411	4 1 71	500	CAUSE	OF DEAT	The state of the s	00000	APPROXIMATE INTERVAL
	DISEASE	OR CONDITION E	DIRECTLY					BETWEEN ONSET AND DEATH
		EADING TO DEATH		(A) IMME	DIATE CAU	SE CARDIO GENIC	SHOCK	6 HRS.
h (1	lhis does na earl failure, a	I mean the made of isthenia, etc. It mean	of dying, e. is the diseas	g., DUE 1	O, OR AS	SE CARDIO GENIC A CONSEQUENCE OF:		
		lication which cause						
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		obave couse (A	) stating t	10 ART	ERJOSE	LEROTIC CHADIAVAS	CLAR DIS	EASE SEVERAL YRS
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200	THER SIGNIE	CANT CONDITIONS C	ONTRIBUTIN					
E 110	O THE DEATH	BUT NOT RELATED TO	THE TERMINA	L	DIAB	ETES MELLITUS	•	SEVERAL YRS.
U 19	A. DATE OF	OPERATION 198. CO	NDITION FO	R WHICH OPERATI	ON	20A. AUTOPSY? (Yes ar Na)	20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC		WAS PE	RFORMED			No	IN CERTIFYING CA	USES OF DEATH?
U 21	A. ACCIDENT	T WAS UNDERLYING	2	18 PLACE OF INJ	URY (e.g., ir	or about 21C. WHERE DID	(If In Baltimor	e City, give exact location)
		medical examiner)	e	tc.)	street, at	fice bldg., INJURY OCCUR?		
□ 21	D. TIME	(Manth) (Day) (Year	r) (Haur) 2	E. INJURY OCCU	RRED	21 F. HOW DID INJUS	RY OCCUR?	
15 0	F INJURY (PPROX.)			While At	Not While			
				Vark 🗀	At Wark			
22	2. I certify t	hat (1) (this haspite	al) attended	the deceased fi	ram	8/24 19	72 ta	8/24 1972,
th	at (1) (we) 1	ast saw the deceas	sed alive ar	1	8/2	4 19 7 2 and that	in(my) (aur) api	nian death accurred an the date
an	nd have and	fram the causes st	ated above.	(I) (We) (did) (d	Id nat) v	iew the bady after death.		
	A. SIGNATUR							23B. DATE SIGNED,
	Kote	IT & 130	Eula	M.D	, Atte	nding Med. St Director Ph	raff nys.	8/24/22
23	C. PHYSICIAN			DE		3D. ADDRESS		01-7/16
	NAME (Typ	DEOT T	. BAU	FO M	-0-	3001 S. 17710		
244 0	URIAL CREM	ATION, 248. DATE		/	DEGREE	BALTIMORE, M		
	REMOVAL (Sp	ecify) _/	1 ( )	NAME of CEMETE	OF CRE	MATORY 24D. LOC	LATION (C)	ty, tawn, or county) (Stote)
li	much	8/28	172 M	eadowed	se to	Iem. Sock	Llon	sees head.
25A. D	ATE REC'D E	Y HEALTH DEPT.	25B. NAM	OF REGISTRAR-		25C. FUNERAL DIRECTOR	0	ODRESS D
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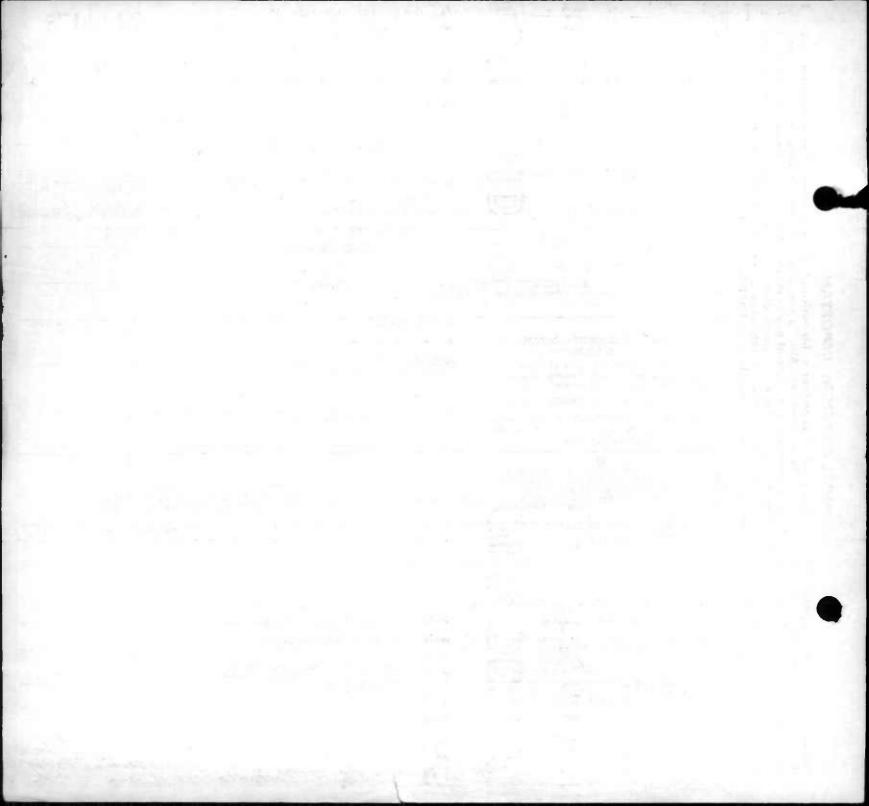
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Notice and Comments of the services

The service of the party

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1 -01	BALTIMORE CITY	HEALTH DEPARTMENT	72 08178
BIRTH NO. 12-12821 72 081	78 CERTIFICA	TE OF DEATH REG.	STATE OF MARYLAND-DHM
(Type or Print) GARY MIC	HAEL LANKFOR	2. DATE AND HOUR OF	DEATH 8:15 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased I	ived. Il institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL			D. INSIDE CITY LIMITS?
3 5 601 N. BROADWI	MARYLAND 21205	E. STREET AND NUMBER 513 GRANDIN AVEN	YES NO
MI CAUCISTAN WIDO		B. DATE OF BIRTH 9. AGE (In y. age tin y. ag	eors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if relired)	D OF BUSINESS OR INDUSTRY	BON SECOULS HOSP.	BALT. 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME THOMAS LANKFORD	Jr.	14. MOTHER'S MAIDEN NAME HILDA LUKEN	ICH
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) [III yes, give war er dates af serv	icel 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		FATHET	SAME AS ABOVE
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the distingury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION tast.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).	iving the (c)	A CONSEQUENCE OF:  A CONSEQUENCE OF:	VEZSELS
O DISEASE OR CONDITION GIVEN IN PART 1 [A].  19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A. AUTOPSYT (Yes or No.) 20B. IF YES IN CERTIFY	, WERE FINDINGS CONSIDERED ING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., inhome, form, foctory, street, of		Baltimora City, giva exact location)
21D-TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work	21F. HOW DID INJURY OCCUR	
22, I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	on 8/24	8 / 23 19 72 to 19 72 and that In(my) (c	S/24 19.72
and hour and fram the causes stated above	re. (1) (Me) (dld) (dip hot) v	lew the bady after death.	
23A. SIGNATURE . E. Strace ber	M. D. Atte	nding Med. Stoff Director Phys.	23R DATE SIGNED 8/24/72
23C. PHYSICIAN'S Tanet E. G	raeber M.D.	Johns Hopkins	Hospital
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
Buria / 26/72 Comments 1258, NA ALICE 8 1972 Comments 1258, NA		25C. FUNERAL DIRECTOR	Saverna Bry
VS 150-REV. 1/1/68	2-3-3	Mohert & Barranco !	uneral Home mode



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

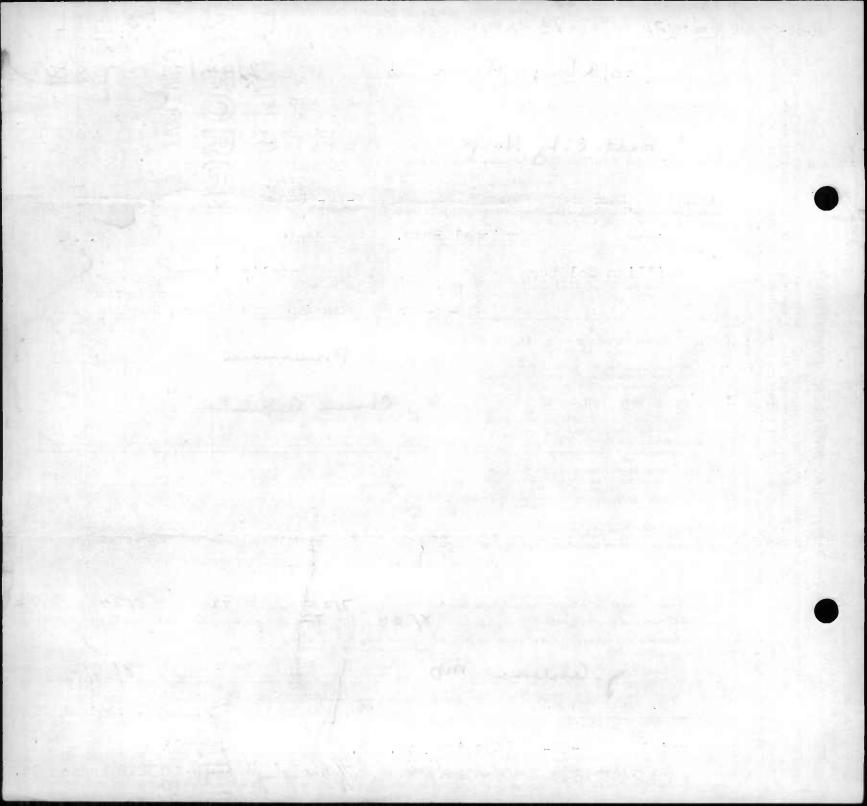
BALTIMORE CITY	HEALTH DEPARTMENT 72 08179			
72 US179 CERTIFICA	TE OF DEATH REG. NO. STATE OF MARYLAND-DEATH			
1. NAME OF DECEASED	2. DATE AND HOOK OF DEATH			
HELEN V. MURRAY	14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A, STATE  B. COUNTY  B. COUNTY			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Md. Carroll c. CITY OR TOWN D. INSIDE CITY LIMITS?			
Union Memorial Hospital	Hampstead YES NO			
4	E. STREET AND NUMBER			
A. THE WARRIED A.	8. DATE OF BIRTH 9. AGE (In years lost birthdey) Months Doys Hours Min.			
	8-16-99 11. BIRTHPLACE (Stote or fereign country) 12. CITIZEN OF WHAT COUNTRY?			
done during most of werking life, even if retired)	112. CHIZEN OF WHAT COUNTRY			
Seamstress	Maryland USA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Harvey E. Murray	Lola Miller			
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS			
no 2111-01-2673	Miss Ruth C. Murray, Hampstead, Md.			
18. S CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH  (This does not meen the mede of dying, e.g.,  DUE TO, OR AS A CONSEQUENCE OF:  (A) IMMEDIATE CAUSE Acute hepicitic failure #9 days				
I neen letture, estneme, etc. it meens me digesse, agu				
injury or complication which caused deoth.)				
ANTECEDENT CAUSES & TE (B) TEP	atitis A CONSEQUENCE OF:  9 days			
DISEASES OR CONDITIONS, if eny, giving but 10, OR AS rise to the obove ceuse (A) stelling he	A CONSEQUENCE OF:			
UNDERLYING CONDITION lest.	tion 19 days			
Rt. total hip replacement				
O INTER SIGNIFICANT CONDITIONS CONTRIBUTIONS   TO THE DEATH BUT NOT RELATED TO THE TERMINAL   O DISEASE OR CONDITION GIVEN IN PART    A				
2 19A. DATE OF OPERATION 19B. CONDITION TO WHICH OPERATION 20A. AUTOPSY? (Yes er No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  8-3-72  B Rolle May replacement				
8-3-72 B total sup replacement				
O 21A, ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or ebout 21C. WHERE DID (If in Beltimere City, give exect lecotion) OR CONTRIBUTING CAUSE OF Lower form, foctory, street, office bldg., INJURY OCCUR?				
DEATH (notify medical exeminar) W.A. etc. Hospital A.S. Union Memorial				
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURED A 77) 21F. HOW DID INJURY OCCUR?				
S OF INJURY 8/3/72 While AI Net While AI Net Work	* X Hepatitis complication - Halothane anaes			
22. I certify that (1) (this hospital) attended the deceased from 8-19 19 72 to 8-22 19 72,				
that (1) (we) last sow the deceased alive on 8-22 19 72 and that In(my) (our) apinion death occurred an the date				
and hour and fram the couses stated obove. (1) (We) (did) (did not) view the body after death.    23A. SIGNATURE				
Jaclashi Kulia DEGREE Phys. Shoff Shoff Solf S-22-72  23C. PHYSICIAN'S DEGREE Phys. 23D. ADDRESS THE UNION MEMORIAL HEIPTHL.				
DEGREE 33 rd and CALVERT ST. BALTIMORE. MD.  24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, town, or county) (Stote)				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, er ceunly) (Stote)			
Burial 8-24-72 Hampstead, Memete	ery Hampstead Md.			
25A. DATE SEGO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS				
AUG20 1912 Fine Funeral Home, Hampstead, Md.				
VS 150-REV. 1/1/68 V 9 6 8				

THE PLANT OF THE PARTY OF THE bediesens TOTAL SOCIETY In the first think the sense of the first the sense of th

M = 01/A BALTIMORE CI	TY HEALTH DEPARTMENT 72 08180 -			
BIRTH NO. 68-17966 08180 CERTIFICA	ATE OF DEATH REG, NO.			
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH			
BONNIE MIMCCALL AUG 25 1972 1 2145 AM				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission) A. STATE B. COUNTY			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md, 2403			
INSTITUTION	C. CITY OR TOWN  BALTIMORE  D. INSIDE CITY LIMITS?  YES IN NO			
SOUTH BALTIMORE GENERAL HOS	E. STREET AND NUMBER			
4 3	1142 RIVERSIDE AVE			
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (in years   If Under 1 Yr.   If Under 24 Hrs.   Months! Days   Hours   Min.			
WIDOWED DIVORCED	9-24-68 340000			
10A, USUAL OCCUPATION (Give kind at work 10B, KIND OF BUSINESS OR INDUSTS done during most at working life, even if relired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
CHILD	MARYLAND USA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
PRENTIS R. MCCALL	BETTY MCCAFFREY			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS			
NA	TRENTIS - McCall - pame as 4			
18. 285,91 CAUSE OF DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE Congletive Heart Failure				
(This does not meon the mode of dying, e.g., heart foilure, astherio, etc. It means the disease,				
injury or complication which caused death.)				
ANTECEDENT CAUSES (8) Severe anema				
DISEASES OR CONDITIONS, if ony, giving nise to the obove couse (A) stoling the				
UNDERLYING CONDITION lost (C) Se Steller implanted for				
Z maimyscoole Z				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  E TO THE DEATH BUT NOT RELATED TO THE TERMINAL  ODISEASE OR CONDITION GIVEN IN PART I LAN  ODISEASE OR CONDITION GIVEN IN PART I LAN  ON THE TERMINAL  ON THE SIGNIFICANT CONDITION OF THE TERMINAL  ON THE SIG				
1 State of the sta				
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?				
OF INJURY OF INJURY OCCUR?				
Not While   Not While   Not While   Not While				
22. I certify that (i) (this hospital) attended the deceased from AUG 23 19 72 to AUG 25 19 72				
that (i) (we) last saw the deceased alive on AuG 25 19 72 and that in (my) (our) opinion death occurred on the date				
and hour and from the couses stated abave, (i) (We) (dld) (dld nat) view the body after death.				
23A. SIGNATURE  23B. DATE SIGNED				
Teresita A. Beltian, M.D DEGREE Phys. And Director Phys. Aug 25, 1972				
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)				
BURIAL (Specify) 8-28-72 Holy Cross Cemetery Balto, Wild.				
111028 1979 Subsylvators O Macally 130 E. Fort Ave. Batto. 21230				

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	DALTIMORE CITT	HEALTH DEPARTMENT		190 00104
3-43/ /2 US	181 CERTIFICA	TE OF DEATH	REG. NO.	OF MARYLLAND DE MARYLLAND
1. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print)	I walat	9	154174	8.30
3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When		nstitution: residence before admission)
		A. STATE B. COUN Maryland	TY	101
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	ID INS	SIDE CITY LIMITS?
INSTITUTION		Baltimore	D. 1143	YES NO
Balt. City H	usps.	F STREET AND NUMBER		110
940 Eastern Avenue Baltimor	re, Maryland 212	4 916 South Dec	ker Avenue	21224
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male Caucasian WIDOV		5-14-1899	73	William Doys Hours William
10A. USUAL OCCUPATION (Give kind of work 10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	ional Brew.	2 2 2		
Driver Natural Natura N	TOHAL BLEW.	Maryland 14. MOTHER'S MAIDEN NAM	A F	U.S.A.
William Goldburn			a Zinkand	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	4940 Easte	rn Avenue
No	216-05-4226	BCH: RECORDS	Baltimore,	Maryland 21224
1B. 4. X (a)	CAUSE OF DEATH	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE Preumen	u	
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
injury ar camplication which caused death.)	430,			
ANTECEDENT CAUSES	(0)	home aspi	to trans	
DISEASES OR CONDITIONS, if any, give	ing DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the abave cause (A) stating	Ihe			
UNDERLYING CONDITION last,	(C)			
Z II	10			
Z				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTII TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL	20 A. AUTOPSY? (Yes or No	20B. IF YES. WERE	FINDINGS CONSIDERED
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTII TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL	20 A. AUTÖPSY? (Yes or No.	208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (AL.)  194. DATE OF OPERATION 198. CONDITION WAS PERFORMED  214. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	Yes	IN CERTIFYING CA	AUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINO DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1998. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	OR WHICH OPERATION  218, PLACE OF INJURY (e.g., in home, form, foctory, street, of	Yes	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN TO THE TERMIN TO THE ASSESS OR CONDITION GIVEN IN PART 1 (AL.)  194. DATE OF OPERATION 198. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B, PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	Yes n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimo	AUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN TO THE TERMIN TO THE ASSESS OR CONDITION GIVEN IN PART 1 (AL.)  194. DATE OF OPERATION 198. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  21E. INJURY OCCURRED	Yes n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimo	AUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 198. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)	21B, PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	Yes n or obout 21C. WHERE DID injury occur?  21F. HOW DID INJURY	(If In Boltimo	AUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (a).  19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	218. PLACE OF INJURY (e.g., inhome, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work	Yes n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJU	(If In Boltimo	re City, give exact location)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1998. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  10 DEATH (notify medicol exominer)  11 DEATH (Month) (Doy) (Yeor) (Hour) OF INJURY	OR WHICH OPERATION  218. PLACE OF INJURY (e.g., inhome, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  and the deceased from	Yes n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?  21 F. HOW DID INJUR  7/25	(If In Boltimo	re City, give exact location)  8/24 19 7 2
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (a).  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended	21B, PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  an The Grant Street of the deceased from the control of the contro	Yes n or obout 21C. WHERE DID injury occur?  21F. HOW DID INJURY  7/25 1	(If In Boltimo	re City, give exact location)  8/24 19 7 2
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 198. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attended that (1) (we) last sow the deceased alive	21B, PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  an The Grant Street of the deceased from the control of the contro	Yes n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY  7/2 5 1  19 72 ond the liew the body ofter deoth.	(If In Boltimo	re City, give exact location)  8/24 19 7 2
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 198. CONDITION FWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attended that (1) (we) last sow the deceased alive and hour and from the causes stated above	218. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At	Yes n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY  7/2 5 1  19 72 ond the liew the body ofter deoth.	(If In Boltimo	re City, give exoct location)  8/24 19 7 3
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN T	218. PLACE OF INJURY (e.g., inhome, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  an Decree (1) (We) (did) (did not) v  DEGREE Physical Control of the property of the pr	Yes n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY  7/2 5 1  19 72 ond the iew the body ofter deoth.  Inding Director Dir	IN CERTIFYING CA	re City, give exoct location)  8/24 19 7 3
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attends that (I) (we) last sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE	218. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceased from	Yes n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJU  7/2 > 1  19 72 ond the fiew the body ofter deoth.  Inding Med. Director D  23D. ADDRESS Baltimore City	of in (my) (our) op  Stoff Phys. X  y Hospitals	inion deoth occurred on the dote    S   24   19   7   2     238. DATE SIGNED   8   2 4   72
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attended that (1) (we) last sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  J. Anderson, M.D;	218. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceased from	Yes n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJURY  7/2 5 1  19 72 ond the fiew the body ofter deoth.  Anding Director Director  23D. ADDRESS Baltimore City  4940 Eastern Ave	or in(my) (our) op  Stoff Phys. X  Hospitals  Physe Baltime	inion deoth occurred on the dote    S   24   19   7   2     238. DATE SIGNED   8   2 4   72
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  J. Anderson, M.D;  24A. BURIAL CREMATION, 24B. DATE 246	21B, PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  an Degree  (I) (We) (did) (did not) v  DEGREE  C. NAME of CEMETERY of CRE	Yes nor obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY  7/2 5 1  19 72 ond the fiew the body ofter deoth.  Anding Director Director  Baltimore City  4940 Eastern Ave	IN CERTIFYING CA	inion deoth occurred on the dote  23B. DATE SIGNED  8/24/72  Ore, Maryland 21224  City, town, or county)  (Stote)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attends that (1) (we) last sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  J. Anderson, M.D;  24A. BURIAL CREMATION, 24B. DATE 246.  Burial 8-28-72	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  an Degree Physics Attended the deceased from Attended the deceased from Degree Physics Attended the Attend	Yes nor obout 21C. WHERE DID fice bidg., 21F. HOW DID INJU  21F. HOW DID INJU  7/2 5 1  19 72 ond the iew the body ofter deoth.  nding	ORY OCCUR?  9 72to ot in(my) (our) op  Stoff Phys. X  Hospitals enue Baltime	Inion deoth occurred on the dote    23B. DATE SIGNED   8/24/72     24B. DATE SIGNED   8/24/72     25B. DATE SIGNED   8/24/72
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attends that (1) (we) last sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  J. Anderson, M.D;  24A. BURIAL CREMATION, 24B. DATE 246.  Burial 8-28-72	21B, PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  an Degree  (I) (We) (did) (did not) v  DEGREE  C. NAME of CEMETERY of CRE	Yes nor obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY  7/2 5 1  19 72 ond the fiew the body ofter deoth.  Anding Director Director  Baltimore City  4940 Eastern Ave	IN CERTIFYING CA	inion deoth occurred on the dote  23B. DATE SIGNED  8/24/72  Ore, Maryland 21224  City, town, or county)  (Stote)



1. NAME OF DECEASED (Type or Print) Amelia	A Johnston	Aug	gust 22, 19	72
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	nere deceosed lived. If in	stitution; residence bef
FULL NAME OF (IF NOT IN HOSPI HOSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET	Maryland		26
INSTITUTION ADDRESS OF EGG	,A IION)	Baltimore	D. INS	YES X NO
00		E. STREET AND NUMBER		162 140
1.1.06 Seaboard	Court	1.1.06 Seabo	pard Ct.	
5. SEX Female 6. RACE White	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Doys Hou
	WIDOWED DIVORCED	5/1.8/86	86	120 015 05
tOA. USUAL OCCUPATION (Give kind of wo done during most of working life, even if retired)				12. CITIZEN OF WH
Housewife 13. FATHER'S NAME		Newdyork,		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
HO1	ack	Anna 17. INFORMANT	T.	ADDRESS
(Yes, no or unknown) (If yes, give wor or do		Mrs.Millie		
(This does not meen the made a heart failure, asthenia, etc. It mean injury or camplication which cause ANTECEDENT CAUSE	d death.)	AUSE ALLITE () S A CONSEQUENCE OF:	CHE.	1/0
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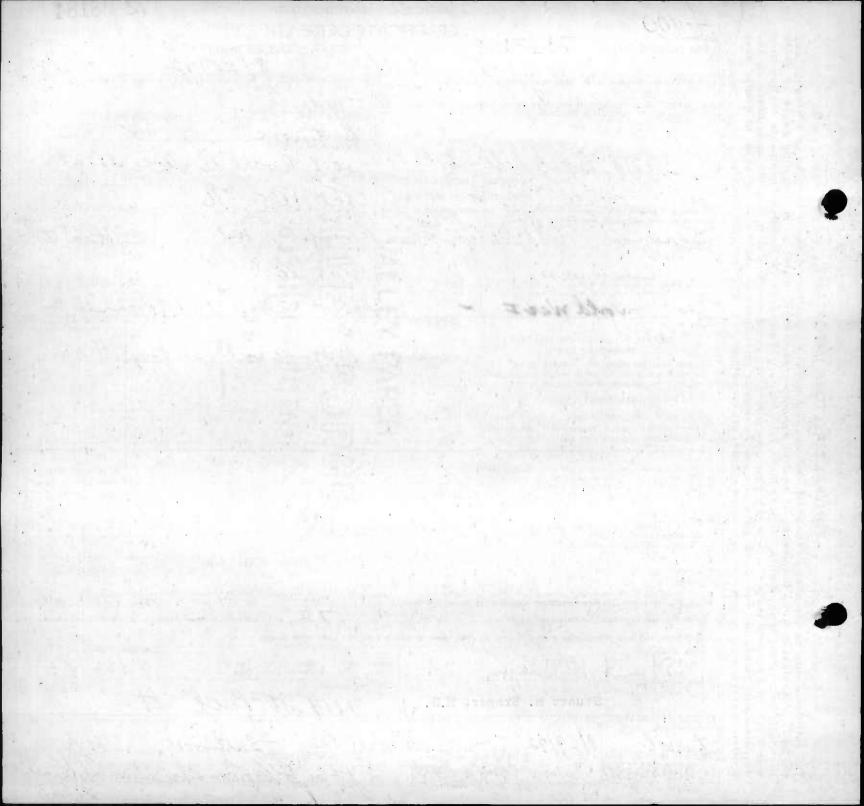
the state of the s respectively and a west record the first of the second of the A LIVER S AND A DESIGNATION OF THE

IMPORTANT DIRECTOR: FUNERAL

72 08183 STATE OF MARYLAND - DHIME NO If Under 1 Yr. If Und Months! Doys Hours! If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS SETWEEN ONSET AND DEATH 208 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exoct location) and that In(my) (our) apinion death occurred on the date 238, DATE SIGNED (City, town, or county) (State)

Participal Description - Property State of Higgs

1/ 100	BALTIMORE CITY	HEALTH DEPARTMENT		72 08184
H-400 BIRTH NO. 70 0040 P	CERTIFICA	TE OF DEATH	REG. NO.	OF MARYLAND DHIM
1. NAME OF DECEASED	7 1/1	2. DATE AN	D HOUR OF DEATH	0.1.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUN	J. Hall	4. USUAL RESIDENCE (Wheth	25/71	1 9:21 P. M.
S. FEACE IN BALLIMONS MARIEAND, WHERE PROHOUN	ICED DEAD	A. STATE B. COUN		2601
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT	ION, GIVE STREET	C. CITY OR TOWN	D INSID	E CITY LIMITS?
(NSTITUTION		Batti was		YES NO T
00 4 1.00	1	E. STREET AND NUMBER	11.00 0	0
1018 Wockhell-	-are	1018 Roca	Rhill Mr	e 31227
1 100 1 -	NEVER MARRIED		9. AGE (In years	Months Doys Hours Min.
Male Winte WIDOWED WID		Oct 18 1895	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	9	A STATE OF THE STA	on county,	The contract of the country of the c
13. FATHER'S NAME	ne Co.	Connagales, 14. MOTHER'S MAIDEN NAM	Med.	M. J. A.
I STATILLY S NAME		S · >	716	
15. Wos Deceased Ever in U. S. Armed Forces?	6. SOCIAL	Tanne .		ADDRESS 2/279
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	0,000		D I I is 1
yes. world War I	CAUSE OF DEATI	1000.	el 1018 C	Nockhell toe.
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	s Adenoca	acer of lu	ing 4 mos
(This does not meon the made of dying, e.g., hearf failure, osthenia, etc. If meons the disease,		CONSEQUENCE OF:		
injuly at complication which caused death.)				
ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION losf.	(c)	S-7		********
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL    IDEATH BUT NOT RELATED TO THE TERMINAL   IDEATH BUT NOT RELATED TO THE TERMINAL				
198. DATE OF OPERATION 198. CONDITION FOR WE WAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE FI	NDINGS CONSIDERED
ш		No		
OR CONTRIBUTING CAUSE OF home,	form, foctory, street, of	n or about 21 C. WHERE DID lice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
0				
S OF INJURY	At Not While	21F. HOW DID INJ	URY OCCUR?	
(APPROX) Work	At Work			
22. I certify that (I) (this hospital) ottended the	11	-12 07	9 64 ta	Aug 25 1972
that (i) (we) lost sow the deceased alive an			at in (my) <del>(out)</del> opini	on death occurred on the date
ond haur and from the couses stoted above. (1)	(did not) v	iew the body after death.	1	23B. DATE SIGNED,
St. + UR.	, MD Ano	nding Med.	Shoff [	8/26/72
23C. PHYSICIAN'S	DEOREE	Director L	Phys.	0 / 20 / 3 -
23C. PHYSICIAN'S NAME (Type) Stuart H. Brager		1114 H-	Paul 1	01-
24A. BURIAL CREMATION, 24B. DATE 24C. NAN	AE OI CEMETERY OF CRE	MATORY 24D. LO	OCATION (City	town, or county) (State)
REMOVAL (Specify)	1 1	1.04	o reference	7.0 6
25%. DATE REC'D BY HEALTH DEPT 1 258. NAME OF	w gamed	25C. FUNERAL DIRECTOR	collemore	ADDREAS/
AUG28 1972 Tropy	water	Tolon Illa	ouran & los	Inc. Hollins
VS 150-REV. 1/1/68		1		21223



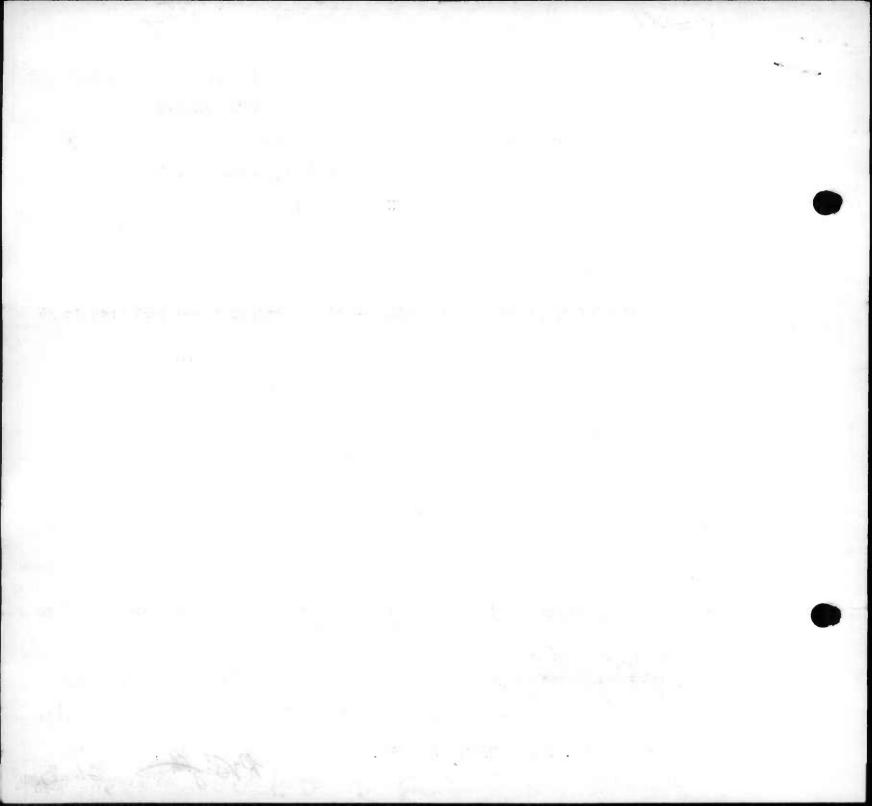
## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

	HEALTH DEPARTMENT 79 (18185)
05/23 72 08185 CERTIFICA	1 / 1
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH  8-20-72  1 2:55 PM
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	IIA USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND 2749
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	C. CITY OR TOWN D. INSIDE CITY LIMITS?
John's Hopkins Hospital	BALTIMORE YES NO X
Johns Mopkins 1103ping	E. STREET AND NUMBER
	1538 E. COLDSPRING LANE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE IIn years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
FEMALE WHITE WIDOWED DIVORCED	08/29/80 85 (20)
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, oven if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewite Own home	Railroad Pa U.O.M.
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NOSHUA MC ABEE	Zusandhearer,
15. Wee Deceased Ever in U. S. Armed Forces? (Yes, no by Anknown) (II yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT - M AD 1538 Cold Thing Land
212 05 059	fourth will Balton de my 212/
18. 7 5 0. 91 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	M 1 1 1 - D 1
LEADING TO DEATH	use Myocardial Interction 78 m.
heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
Injury or complication which caused death.)	1 1 00 11 1 1/1 1000
ANTECEDENT CAUSES (B)	abetes Mellitus 14 gra
DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS	A CONSEQUENCE OF:
UNDERLYING CONDITION last.	inary artery atheroscierosis
10	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  121A. ACCIDENT WAS UNDERLYING 1 121B PLACE OF INJURY 10.50.	20A AUTOPSYS (Yes of No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING     21& PLACE OF INJURY Ing.	
OR CONTRIBUTING CAUSE OF home, form, factory, street, or DEATH (notify medical examine)	ffice bidg. INJURY OCCURP
Q 21D-TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR!
E   OF INJUST   While At   Not While At   Work   At Work   At Work	
22. I certify that (I) (this hospital) attended the deceased from	8-19 1972 to 8-20 1972
that (1) (we) last saw the deceased alive an 8-20	19 72 and that in(my) (aur) opinion death accurred on the date
and haur and from the causes stated above. (1) (We) (did) (did nat)	
23A. SIGNATURE	238, DATE SIGNED
Harry K. Jaroban M. D. DEGREE Phy	ending Med. Stoff Phys. 8/20/72
NAME (Tipel	THE JOHNS HOPKINS HOSPITAL
24A, BURIAL CREMATION, 24B. DATE 24C. MAME OF CEMETERY OF CR	EMAPORY , 24D. LOCATION (City, town, or caunty) (State)
Burial Auc 23/872 New Freedom	Memeter New Treedom, Pa.
25A. DATE REC'D BY HEALTH REPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
ALIC28 1972 Tribury like ton	Some De Landon low low The ording Tex
VS 150-REV. 1/1/68	The state of the s



6	3-200 72	0818	- 'm'	TE OF DEATH	REG. NO.	72 08186
11-	TH NO.	OOL	CERTIFICA		1	
(Ту	pe or Print) BASS EVE	LYN	M.	8	26 72	10400 HRSM
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived, If in	stitution: residence before odmission)
FU HC IN	STITUTION ADDRESS OR LOCA	ATION	TITUTION, GIVE STREET	C. CITY OR TOWN	NNE ARUNDE	DE CITY LIMITS?
1	) NIVERSITY OF M	D. H	OSPITAL	GLEN BUKN	SIV	YES NO
	38			E. STREET AND NUMBER	AVE S.W	7,
S. S	EMALE WHITE	7- MARRII WIDOW	ED NEVER MARRIED DIVORCED	6-19-17	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work e during most of working life, even if refired)	10B, KIND		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	SECRETARY	1	HOSPITAL	MARYLA	ND	USA
	FATHER'S NAME	1		14. MOTHER'S MAIDEN NAM	_	
1	CHARLES MIERS	CHI		EDNA SCHN	APPINGE	P
15. (Yes	Was Deceased Ever in U. S. Armed For s, no or unknown) (If yes, give wor or dote	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT	711 11001	ADDRESS
1 .	NO ////////		218 18 5138	Bonnie Rosena	uer (daught	ter) Same As #4
	18./62./1		CAUSE OF DEAT	l		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIS LEADING TO DEATH	RECTLY		D	Ο.	
	(This does not meon the mode of heart loiture, asthenia, etc. It means	dying, e.		CONSEQUENCE OF	and a second of the state of the second of	
	injury or complication which caused	deoth.)	W/7/	WIDESPREAD	METASTASE	ES
	ANTECEDENT CAUSES		(B)			
	DISEASES OR CONDITIONS, it is to the obove cause (Al UNDERLYING CONDITION lost.		ng DUE TO, OR AS he (C)	A CONSEQUENCE OF:		
	11		(-/	***************************************		
ATION	OTHER SIGNIFICANT CONDITIONS COT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINA	G AL	**************************		
RTIFIC	19A-DATE OF OPERATION 19B. CON-	DITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
_	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	2	TR PLACE OF INJURY (e.g., in nome, form, foctory, street, of stc.)		(II In Boltimore	: City, give exoct locotion)
ā	21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX)	1	TE INJURY OCCURRED While At Not While	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (1) (this hospital)	1	Work At Work	1/ 40000	272. 01	AUCUST
	that (I) (we) last saw the decease		1			O AUGUST 19 72
	and hour and from the couses stat	ed above.	(I) (We) (did) (did not) v	ew the body ofter death.		
	23A. SIGNATURE	1	Dham	nding Med.	Staff Phys.	23R DATE SIGNED
	23C. PHYSICIAM'S NAME (Type)	J.	OEGREE Phys	3D. ADDRESS	Λ .	8-26-72
24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C.	NAME OF CEMETERY OF CRE	6 KIDGEBURY 24D. LO		SALTO, MD , town, or countyl (Stote)
	BURIAL Aug. 28		GLEN HAVEN MEM	. PARK GL	EN BURNIE	, MARYLAND
2SA	DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTOR	Ry Suffee	ADDAESS B
VE .	AUG28 1972 XX	July	Ash Xin	Wingleta	n'V maera	& Home 17, 19 July



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

,	1			BALTIMORE CITY	HEALTH DEPARTMENT		17)2	08187	
511	)-436		08187	CERTIFICA	TE OF DEATH	REG. NO	TH.OF I	A BARR ARES	Dhua
Ту	Pe or Print)	E		D. WALTERS	08-	24-72		7:17	AM
FU	PLACE IN BALTI LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSMI ADDRESS OR LOC	AL OR INSTITU	TION, GIVE STREET	A. STATE MARYLAND C. CITY OR TOWN	FREDE	RICK	rrs?	mission)
7	THE JO	OHNS HOPKI	ns Hosi	PITAL	E. STREET AND NUMBER 1406 N. M.		YES [_]	ио ₹Х	
. :	FEMALE	WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	6. DATE OF BIRTH 4-21-04	9. AGE (In years last birthday) 68	II Under I Months D		24 Hrs. Min.
on	Owned B	orking life, even if refired) USINESS E	Hat De	susiness or industry	New York City	y, New York		N OF WHAT CO	DUNTRY?
5.	Was Deceased E	ALD EARLE	DUNN	16. SOCIAL	ANNE DOLA	N.	A	DORESS	
(0:	no or unknown)	lif yes, give war or date	s of Service)	23/1-11/1-6260	Mr. Harold L. V	Taltone In	D+ #2	Fredori	ok Ma
AIION	(This does not heart failure, as injury or cample At DISEASES OR rise to the UNDERLYING	EADING TO DEATH I mean the mode of sihenia, etc. It means lication which caused NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last,  II CANT CONDITIONS CO BUT NOT RELATED TO TI NOTITION GIVEN IN PAR	the disease, death.)  any, giving stating the LAEN	E HEPAT	A CONSEQUENCE OF:  1C AND REN A CONSEQUENCE OF:	ACUTE -	3	2 son	·S
L CEXIIFIC	37 31 21 A A CCIDENT OR CONTRIBUTI	TWAS UNDERLYING CAUSE OF	PING ESOF	PLACE OF INJURY ( CO.	20A AUTOPSY? (Yes or N Q S n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	ON CERTIFYING CA			
MEDICA	210. TIME (FOR INJURY (APPROX.)  22. I certify the thot (I) (we) is and hour and (	Month) (Day) (Year)  hat (I) (this hospital ost sow the decease fram the couses stat	(Hour 21E While Work ) attended the	INJURY OCCURRED  At Not While At Work  deceased from 24	21F. HOW DID IN	19 72 to_ hat in(m) (our) opi	8/24 nian deoth	19_	The dote
	23A. SIGNATURE 23C. PHYSICIAN NAME (Typ	old . Who	MD MD	DEGREE Phys	Mod. Director Director TOWNS NO BKINS	Stoff Phys.	23B. DATE 2	SIGNED 1	
5 A	Burial CREMOVAL (Spendoval Company)	8/26/72		thaven Memori		rederick Fr , KEENEY, BASF(	ederic PRD FUX Ck, Ma		land
4	5-5-00-non- 11.11.00		- 4						-

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## FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 72 08188 72 08188 REG. NO. CERTIFICATE OF DEATH STATE OF MARYLAND-DHM se of death (5) Deceased 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) LO Susa MOOD 8-25death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE canse (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Paruland FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 canse; YES A NO 4826 Hazelwood Avenue prior E. STREET AND NUMBER Wood Avenue-21206 contributing etermined is made regular 5. SEX 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. 6. RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED deceased Feb. 15, 1892 White temale. DIVORCED WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Newburgh, New York Dud SD 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the 4 Anna Dougherty John G. Farrer death ਰ 15, Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 7. INFORMANT ADDRESS final SECURITY NO. attendance Reake-4826 Hazelwood Ave. Mrs. Barbara E. No any CAUSE OF DEATH pronounced 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH fracture (This does not mean the made of dying, e.g., bal heart failure, asthenia, etc. It means the disease, 5 injury ar complication which caused death.) Ε gu ANTECEDENT CAUSES 0 are DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise la the above cause (A) staling the 3 physician UNDERLYING CONDITION last. the remains Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 2 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, foctory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact lacation) where hospital °Z DEATH (notify medical examiner) obtained 21 D. TIME (Haur) 21 F. HOW DID INJURY OCCUR? (Manth) (Day) (Year) 21E. INJURY OCCURRED 9 OF INJURY (except While At Nat While r (APPROX.) pup Work At Work any 22. I certify that (1) (this haspital) attended the deceased from Que 40 that (1) (week) last saw the deceased alive an and that In(my) (\*\*) apinian death accurred an the date eath) hospital and haur and fram the causes stated abave. (1) (\*\*) (did) (did\*\*) view the bady after death. must 23A, SIGNATURE 23B, DATE SIGNED D Attending X Med. 0 Director \_\_\_ approval 0 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS prior <del>a</del> the body was An 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY deceased Ö (henango Bridge, N. Y. shows: Was 25C. FUNERAL DIRECTOR Miller Inc-6415 Belair Rd. -21206 VS 150-REV. 1/1/6B

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Way . Whe it ship he had . No

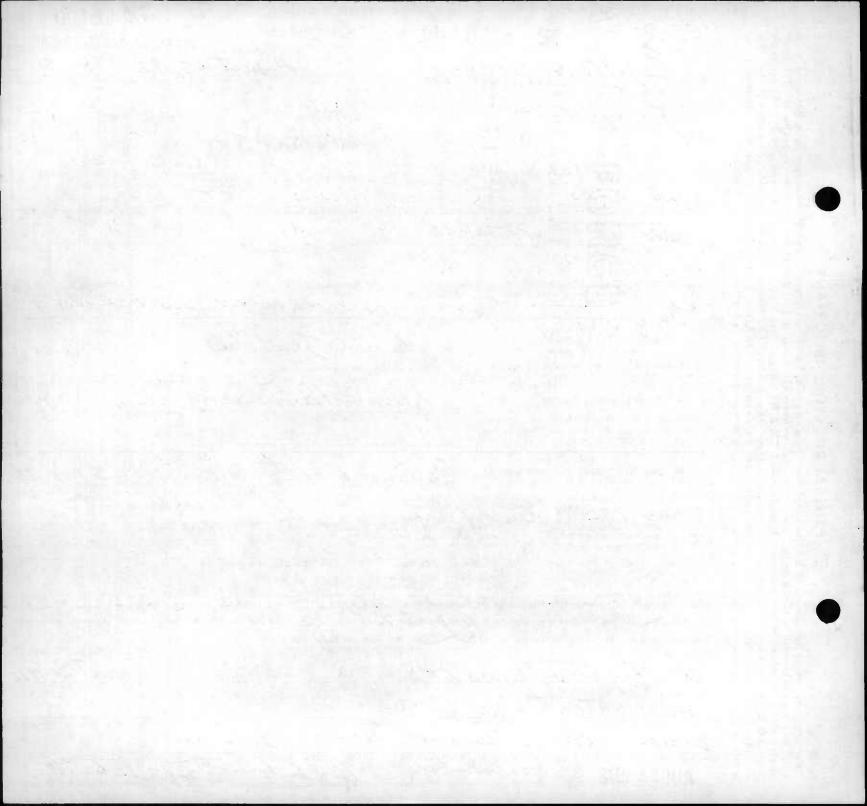
0	(1) (1) (1)	1: 1: (Y	1: (Y	J. SECTION AS CONSTITUTION AND ASSESSED.	2	11
1		determined co in regular a leceased prio	ind; (4) Uneath was e on the call disposit	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	shows: (1) was D.O. deceased	- 01 - 0 -
	n a hospital and cause of death	ath occurred r	stant if dec	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	This certif	h- de

	BALTIMORE CITY	HEALTH DEPARTMENT		72 08189
5-500 72 08189	CERTIFICA	TE OF DEATH	REG. NO.	
BIRTH NO.  1, NAME OF DECEASED			STATE	OF MARYLAND-DHAH
(Type or Print) .				
Maud Birnie Cary Sno 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO		4. USUAL RESIDENCE (When	22, 1972 e deceased lived. If in	stitution: residence before admission)
		Maryland	ΤΥ	1307
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION) INSTITUTION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
Go Long Green Nursing H	ome	Baltimore E. STREET AND NUMBER		YES NO NO
		3838 Roland	Avanue	
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
F W WIDOWED	DIVORCED [	December 2,1878	93	
toA. USUAL OCCUPATION (Give kind of work 108, KtND Of the during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	0 0 11
122		0.5		
Albert Cary  S. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	Clar	a	- ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT		Trust Billding
No	213 48 0680	Edmund P. Dandr	idge Jr.	Mercantile Bank &:
OR CONTRIBUTING CAUSE OF hord cetc.  DEATH (notify medical examiner)  DEATH (Mounth) (Day) (Year) (Hour) 21E	(C)	SE COMBEQUENCE OF:  CONSEQUENCE OF:  20A. AUTOPSY? (Yes or No)  Tor obout 21C, WHERE DID  INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	S doys  3 y Sacd  FINDINGS CONSIDERED USES OF DEATH?  e City, give exact location
Wo			19 11	2) 7
22. I certify that (I) (this haspital) attended that (I) (we) lost sow the deceased alive on	he deceased from 5-26		ot in (my) (our) apl	nion deoth occurred an the dote
and hour and from the causes stated above. (	I) (We) (did) (did nat) v	iew the body after death.		
23A. SIGNATURE	1	nding 🗀 Mad 👝	S II	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	DEGREE Phys	Med. Director	Staff Phys.	6.4-12
E. Hunter Wilson, Jr. 1	AME of CEMETERY OF CRE		Building Control	ty, town, or county) (Stote)
Burial 25 Aug 72 I	oudon Park Cen	neterv	Baltimore,	Marvland
		25C. FUNERAL DIRECTOR	and or more o	ADDRESS
UG28 1972 Trany 10 14,	OF REGISTRAR	Burgee Funex	al Home	Baltimore, Md.
VS 150-REV. 1/1/68	4 11 11	Ruse Claffa	Non	

note all and spent and solutional 19 learned which to the I would then the work in the the same of the sa mana: employed

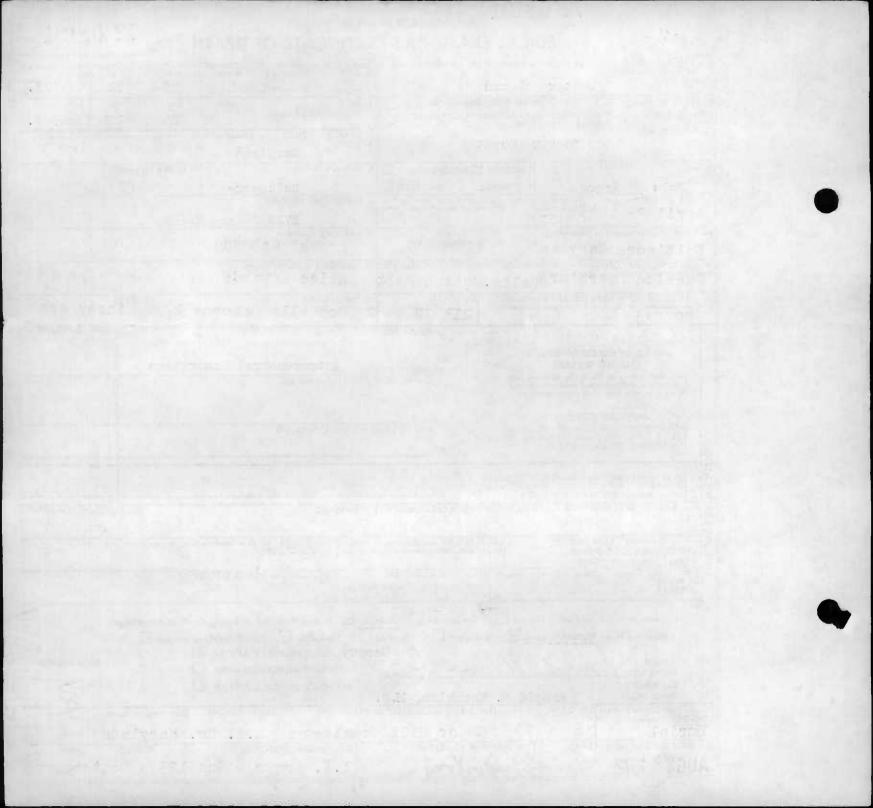
## FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 72 (8130 REG. NO CERTIFICATE OF DEATH OF MARYLAND-DHIME death cause; (5) Deceased 2. DATE AND HOUR OF DEAT 1. NAME OF DECEASED (Type or Print) 0 hospital of 4. USUAL RESIDENCE (There deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 YES A NO prior E. STREET AND NUMBER contributing etermined ar made 9. AGE (In years If Under 1 Yr. Months! Doys S. SEX 6. RACE B. DATE OF BIRTH If Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours deceased lost birthday regu CAUC WID OWED X DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) POTTS & CALAHAN CHAUFFER SID 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 3 LO eath 17. INFORMANT 6. SOCIAL SECURITY NO. ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) final ONALD J. FRANCE 1220 N. CALVERTST 216-01-3748 CAUSE OF DEATH 0 BETWEEN ONSET AND DEATH attend DISEASE OR CONDITION DIRECTLY mbalmed of rous LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF fractur hearl failure, asthenia, etc. It means the disease, ular injury or complication which coused death.) ANTECEDENT CAUSES 0 reg are DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above couse (A) stoting the UNDERLYING CONDITION lost. physician remains chief medical Mas 11 5 moute OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CATIO TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 100 21A. ACCIDENT WAS UNDERLYING 218. PKACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact lacation) where OR CONTRIBUTING CAUSE OF hospital MEDICAL å DEATH (notify medical examiner) obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E, INJURY OCCURRED 9 Not While except While At (APPROX.) and Work At Work 22. 1 certify that (1) (this haspital) attended the deceased from May 72 ond that in (my) (our) opinion death occurred on the date 19\_ that (1) ( last sow the deceased alive on \_\_ pe eath) hospital ō and haur and from the couses stated obove. (1) ((e) (did) (did nat) view the body ofter deoth. must Ö Attending Phys. Med. Staff 0 Director L approval O 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) 24A. BURIAL CREMATION, 24B. 24D. LOCATION (City, town, or county) eceased the body o REMOVAL (Specify) LORRAINE 128/72 BALTO, NO, BURIAL shows: Was 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. EUNERAL DIRECTOR VS 150-REV. 1/1/6B



	BALTIMORE CITY HEALTH DEPARTMENT	MO 00
FDICAL	EXAMINER'S CERTIFICATE OF DEATH	72 08

	EXAMINER'S C	CERTIFICAT	TE OF	DEAT	H REG. NO.	12 (	18191
BIRTH NO.							
1. NAME OF DECEASED (Type or Print)  Walter Osborne		OF	own 🔯	Month 8	25	72	11:03A. <sub>M.</sub>
4. PLACE IN BALTIMORE, MARYLAND, WHERE PROP	NOUNCED DEAD	3. DATE		Month	Day	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	TION, GIVE STREET	PRONOUNCED		8	25	72	11:03 A. <sub>M.</sub>
Bon Secour Hospi			Maryla:	_	B. COUNTY	residence b	elore odmission)
Male Negro WIDOWED	NEVER MARRIED DIVORCED	C. CITY OR TOWN	Baltime	ore	D. INSIDE CIT	(2)	No 🗆
9. DATE OF BIRTH 10. AGE (In years Mo April 24 193 of birthdoy)	Under 1 Yr. II Under 24 Hrs. onths: Days: Hours: Min.	E. STREET AND N		insev	Avenue		
Baltimore Maryland	CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Ernes	ME				
14A.USUAL OCCUPATION (Give kind al work) 14B. KIND OI	BUSINESS OR INDUSTRY  Cotton Felt		Edwa	rds			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(II yes, give wor ar dates of service)	213 32 948	18. INFORMANT	lle 0	sborn	e 2770	DRESS Kins	ey Ave
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES		AUSE Intraces A CONSEQUENCE	OF:	al hend	orrhage		ROXIMATE INTERVAL  ZEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		AS A CONSEQUENCE	E OF:				
0	(c)						-
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR	<u> </u>						
	R WHICH OPERATION WA	S PERFORMED				21. AUTOP	SY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22D. TIME (Month) (Dox) (Year) (Hear)	PLACE OF INJURY (e.g., ine, farm, loctory, street, office	bldg., etc.) INJURY	ERE DID (I	f In Baltimor	e City, give exac	t location)	
OF INJURY (APPROX.)	22E.INJURY OCCURRED. WHILE AT WORK AT WO	WHILE C-	WDID INJ	URY OCCU	IR?		
ACTUAL SIGNATURE EXAMINER'S	Accident De Dicide	Homicide  Duty Chief A  ASSISTANT I  ASSOCIATE I	MEDICAL EX	Indetermin KAMINER KAMINER	death in my c	]	DATE SIGNED 3-25-72
24A. BURIAL CREMATION, REMOVAL (Specify) 248. DATE	Kornblum, M.D.	OF CREMATORY	24D. L	OCATION	(City, town,	or county)	(Stote)
Burial   8 29 72	Cedar Hill	Cemeterv	A.	A. C	o. Mary	rland	
	E OF REGISTRAR	25C. FUNERA	L DIRECTO	R	AD	DRESS	tgomery
VS 151-REV. 1/1/68	Notes 1						

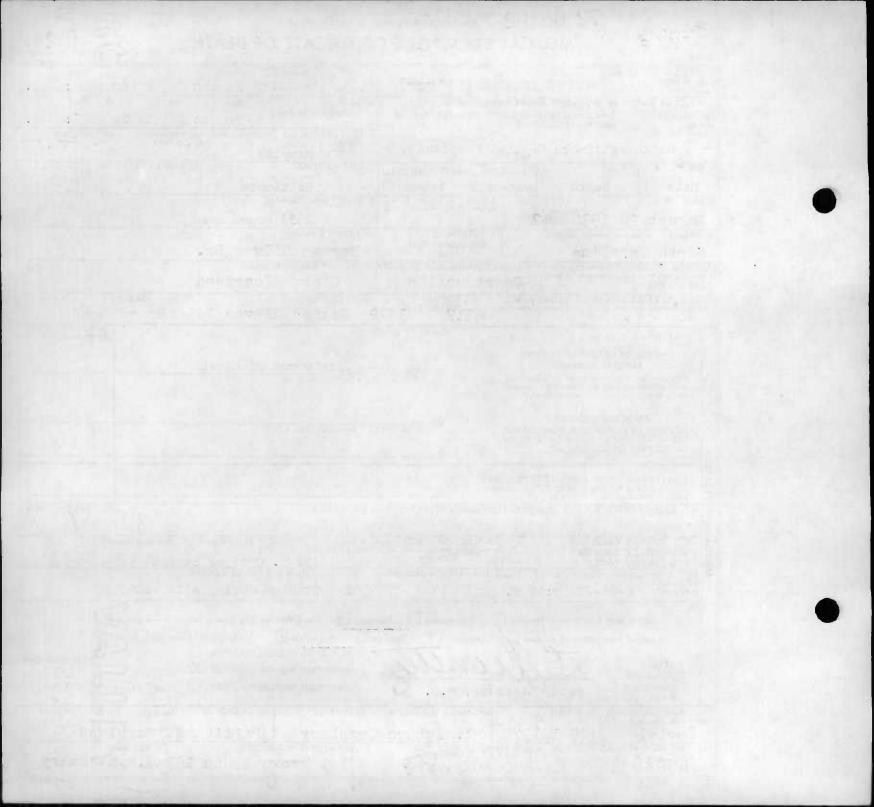


72 08192 - BANTHMORE CITY H	FALTH DEPARTMENT
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 72 (18192
I, NAME OF DECEASED	2. DATE Known X Month Doy Year Hour
(Type or Print) HERMAN SILBER (Silver)	DEATH Estimoted August 26, 1972 11:00 P.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD August 26, 1972 11:00 P.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased fived. If Institution: residence before admission) A. STATE B. COUNTY
South Baltimore General Hospital	Maryland 0 5 6 s
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr. Months; Days; Hours; Mir	
August 20 1930 42	2635 Round Road
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF	13. FATHER'S NAME
North Carolina WHATCOUNTRY?	Herman Silver Sr.
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUST	
Labora	Clara Ricardson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (Il yes, give wor or doles of service) 10. 21, 25, 25, 27, 27, 28, 27, 28, 27, 28, 28, 28, 28, 28, 28, 28, 28, 28, 28	18. INFORMANT ADDRESS
19. E 966XI CAUSE OF DE	BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE (This does not mean the mode of dying, e.g., DUE TO. Of	cause Stabwound of chest
heart follure, asthenia, etc. It means the disease, Injury or complication which caused death.)	R AS A CONSEQUENCE OF:
inquiry of complication which courses dealin.	
ANTECEDENT CAUSES (B)	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	K AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 120B. CONDITION FOR WHICH OPERATION 1	WAS PERFORMED 21, AUTOPSY? (Yes or No)
0 1	Yes
ZZA. EXTERNAL CAUSE WAS   228. PLACE OF INJURY (0.0	i., In or about 22C, WHERE DID (If in Baltimore City, give exact location)
UNDERLYING XOR CONTRIB- home, farm, loctory, street, of	732 S. Charles Street
UTING ☐ CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) 8-26-72 9:40 P. MHILE AT NO.	Stabbed during altercation
23.	WORK AT DEADDER CATTING ATTECTOR
I certify that I held an Inquiry Inspection A	utopsy 🔯 ond that on this basis, death in my opinion
resulted from: Notural couses Accident Suic	Ide Homicide V Undetermined manner
of // willo	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE SUMMERM	.D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER August 27, 1972
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 9 1 1972 Mt. Auburn	Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS

AUG28 1972

1972 Mt. Auburn Cemetery Baltimore, Maryland
258. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR
ADDRESS
I L Brown & Son 123 W. Montgon I L Brown & Son 123 W. Montgomery

VS 151-REV. 1/1/68



Thompsontown Cemetery

2SC. FUNERAL DIRECTOR

from Transplows /k.

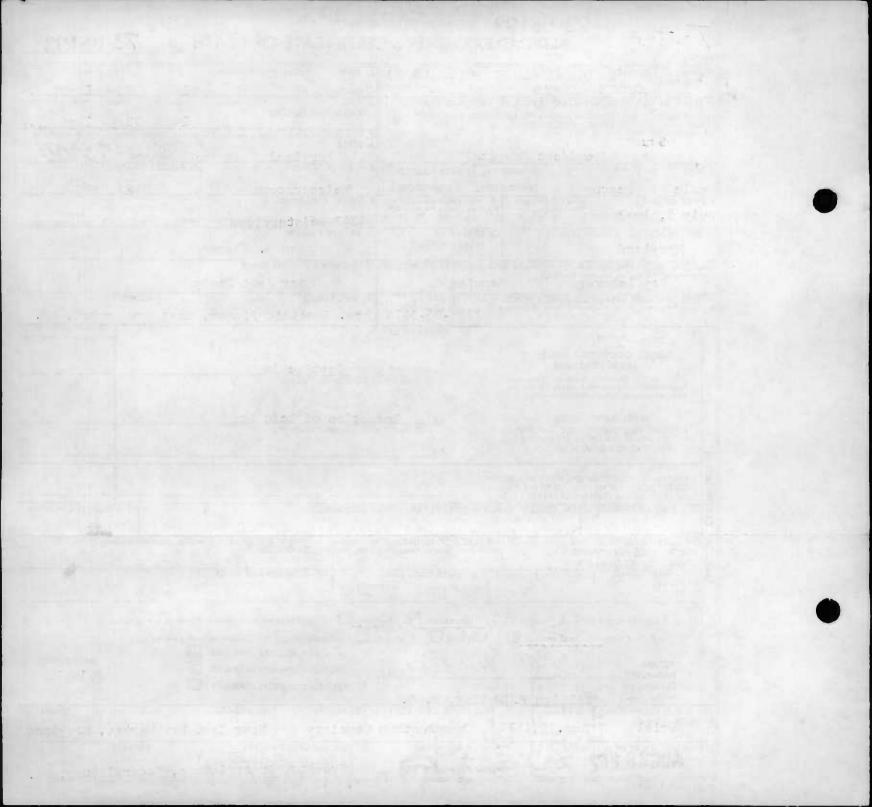
25B. NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

Near East New Market, Maryland ADDRESS

ampton Funeral Nome, Federalsburg, Md

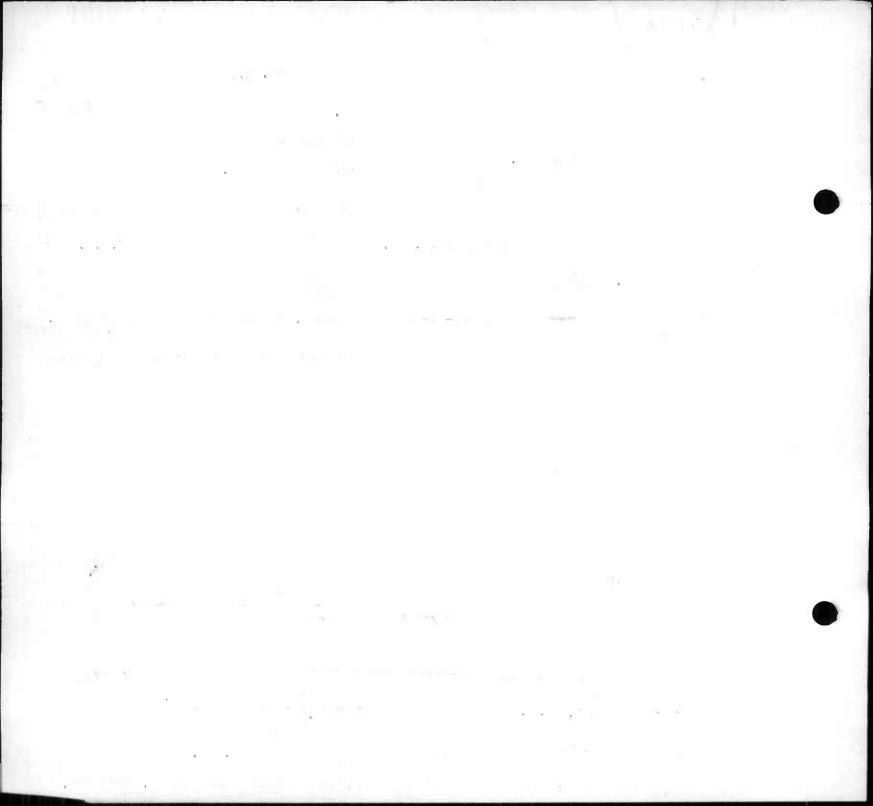


inis certificate must be approved by the chief medical examiner of his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	are embalmed or final disposition is made.	
inis certificate must be approved by the chief medical	the body was released to the hospital by a medical e	shows: (1) An accident of any nature; (2) Body burns; (3	was D.O.A. at a hospital (except where the physician	deceased prior to death); and (6) No physician was in	written approval must be obtained before the remains are embalmed or final disposition is made.	

VS 150-REV. 1/1/68

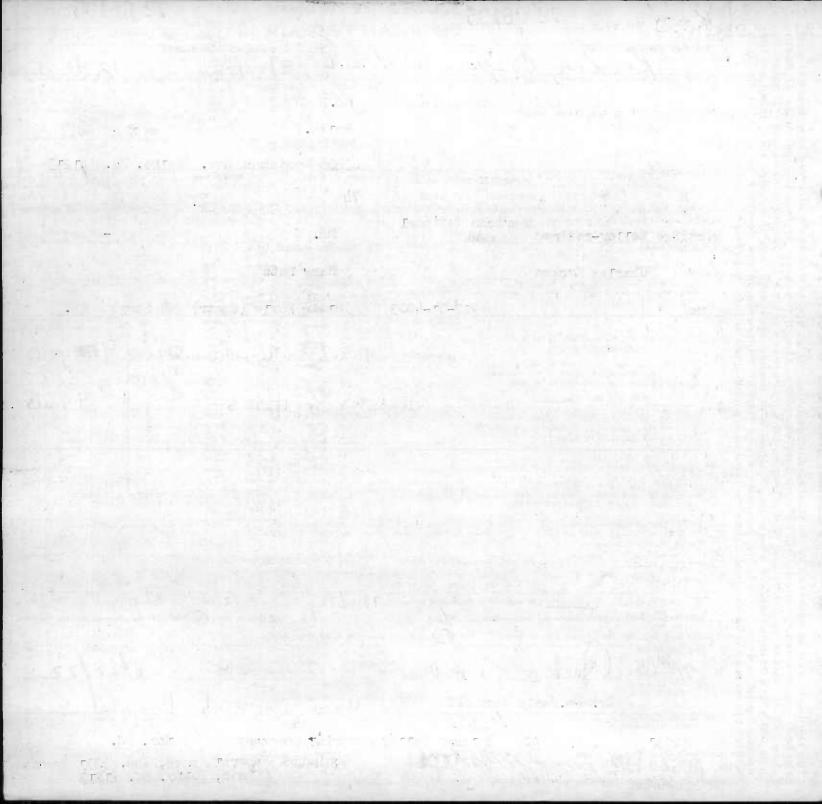
BALTIMORE CITY HEALTH DEPARTMENT 72 08194 CERTIFICATE OF DEATH REG. NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Edward Joseph Gillece Aug. 23, 1972

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION Md. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES X NO E. STREET AND NUMBER 1307 Patapsco St. 1307 Patapsco St. 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 9. AGE (In years if Under 1 Yr. If Under 24 Hrs. ost birthday WIDOWED DIVORCED August 24, 1920 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Prove Grs. U.S.A. 13. FATHER'S NAME Thomas L. Katherine Welch 5. Was Doceosed Ever In U. S. Armed Forces? 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Gillece Wile 1307 Patapsco St. 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of the lung (A) IMMEDIATE CAUSE · l year (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which coused death.) ANTECEDENT CAUSES (B)\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., In or about 21C, WHERE DID home, form, factory, street office bldg., INJURY OCCUR? (II In Bolttmore City, give exact location) DEATH (notify medical examined) 21 D. TIME (Month) (Doy) (Year) (Hous) 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) 22. 1 certify that (f) (this hospital) attended the deceased fram 19 70 to 8/14 that (f) (we) fost saw the deceased alive an... and that in (my) (our) apinion dooth accurred an the dote and hour and from the sauses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Med. 8/25/72 Phys. Director Phys. DEGREE 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS E.S. Ellison, M.D. 107 E. West Street 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Holy (ross (emetery No ville Funeral Home 130 E. Fort Ave.



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

72 08195 BALTIMORE CITY	Y HEALTH DEPARTMENT				
BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. DE MARYLAND-DHIM				
T, NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
Recken Casper Will	1/2 USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)				
3. PLACE IN BALTIMORE, MARYLAND/ WHERE PRONOUNCED DEAD	A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN  D. INSIDE CITY LIMITS?				
Union Premorial Hospital,	Baito. YES X NO				
4 Baltimore, Md.	E. STREET AND NUMBER				
7 65 65 77 77 75 75 75 75 75 75 75 75 75 75 75	3406 Woodstock Ave. Barto. Md. 21213				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months; Doys Hours; Min.				
M WIDOWED DIVORCED	74				
IOA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?				
done during most of working life, even if retired)   American National   mortgage teller-retired   Bank	Md.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Charles Kecken	Mary Lutz				
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS				
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Chain Davida (dahta) 207 Manasta Pd				
no   212-01-4203	Clair Doyle (dghtr) 207 Margate Rd.				
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH				
LEADING TO DEATH	use Anterio sclevatic cardiovascular disease 92 years				
	A CONSEQUENCE OF:				
injury or complication which caused death.)					
ANTECEDENT CAUSES	betes mellitus 9 years				
The state of the s	S A CONSEQUENCE OF:				
rise to the above couse (A) stating the UNDERLYING CONDITION lost. (C)					
I					
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
II L IIO INE DEAIN BUI NOI KELAIED IO INE IEKMINAL					
C   DISEASE OR CONDITION GIVEN IN PART 1 (A).	204				
CISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED  21A, ACCIDENT WAS UNDERLYING 121B, PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (II In Baltimare City, give exact location)				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 7 OR CONTRIBUTING CAUSE OF home, lorm, loctory, street, of etc.)	in or about 21C. WHERE DID (II In Baltimore City, give exact location)				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, cet.)  DEATH (notify medical examiner)   21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	in or about 21C. WHERE DID (II In Baltimare City, give exact location)				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, cetc.)  21D. TIME (Month) (Doy) (Yeor) (Hour)  21E. INJURY OCCURRED While AI Not Whi	in or about 21C. WHERE DID (II In Boltimore City, give exact location)  Slice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, or etc.)  DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  OF INJURY (APPROX.)  21E. INJURY OCCURRED While At   Not While At Work	in or about 21C. WHERE DID (II In Boltimore City, give exact location)  Slice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURRED  While AI Not White AI Work  22. I certify that (I) (this hospital) attended the deceased from	in or about 21C. WHERE DID (II In Boltimore City, give exact location)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, of the condition of the	in or obout 21C. WHERE DID (II In Boltimore City, give exoct location)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 72 to 8/11 19 72,  19 72 and that in(my) (our) apinion death occurred on the date				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURRED While At Not While At Work  22. I certify that (I) (this haspital) attended the deceased from that (I) (We) last sow the deceased alive on ond hour and from the causes stated above. (I) (We) (did) (did not)	in or about 21C. WHERE DID (II In Boltimore City, give exact location)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 72 and that in(my) (our) apinion death occurred on the date view the body ofter death.				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, or etc.)  OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At   Not White At   Not Work  (APPROX.)  22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on ond hour and from the causes stated above. (I) (We) (did) (did not)  23A. SIGNATURE	in or obout 21C. WHERE DID (II In Boltimore City, give exoct location)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 72 to 8/11 19 72,  19 72 and that in(my) (our) apinion death occurred on the date view the body ofter death.				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, of the color of the co	in or obout 21C. WHERE DID (II In Boltimore City, give exoct location)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 72 and that in(my) (our) apinion death occurred on the date view the body ofter death.  23B. DATE SIGNED (Staff Phys. Director Phys. Director Phys. Director Phys. Director Phys. Director Director Phys. Director Dir				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, of the color of the co	in or obout 21C. WHERE DID (II In Boltimore City, give exoct location)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 72 to 8/11 19 72,  19 72 and that in(my) (our) apinion death occurred on the date view the body ofter death.  23B. DATE SIGNED  23D. ADDRESS				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (notify medical exominer)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy	in or about 21C. WHERE DID (II In Boltimore City, give exact location)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 72 to 8/11 19 72,  19 72 and that in(my) (our) apinion death occurred on the date view the body ofter death.  23B. DATE SIGNED (st. Director Phys. Director Phys. Director Directo				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical exominer)  OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on ond hour and from the causes stated above. (I) (We) (did) (did not)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Dro WM. David Jack III  DEGREE PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CR	in or obout 21C. WHERE DID (II In Boltimore City, give exoct location)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 72 to 8/11 19 72,  19 72 and that in(my) (our) apinion death occurred on the date view the body ofter death.  23B. DATE SIGNED (23D. ADDRESS)  24D. LOCATION (City, town, or county) (State)				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 21C. INJURY (APPROX.)  22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on Solid (did not)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Dr. Wm. David Jack III  24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  24C. NAME of CEMETERY or CREMATION, REMOVAL (Specify)  Burial  24C. NAME of CEMETERY or CREMATION, REMOVAL (Specify)  Burial  24C. NAME of CEMETERY or CREMATION, REMOVAL (Specify)  Burial  24C. NAME of CEMETERY or CREMATION, REMOVAL (Specify)  Burial	in or obout 21C. WHERE DID (II In Boltimore City, give exoct location)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 72 to 8/11 19 72,  19 72 and that in(my) (our) apinion death occurred on the date view the body ofter death.  23B. DATE SIGNED  23D. ADDRESS  23D. ADDRESS  24D. LOCATION (City, town, or county) (State)  Memorial Cemetery Balto. Md.				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical exominer)  OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on ond hour and from the causes stated above. (I) (We) (did) (did not)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Dro WM. David Jack III  DEGREE PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CR	in or obout 21C. WHERE DID (II In Boltimore City, give exoct location)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 72 to 8/11 19 72,  19 72 and that in(my) (our) apinion death occurred on the date view the body ofter death.  23B. DATE SIGNED  23D. ADDRESS  23D. ADDRESS  24D. LOCATION (City, town, or county) (State)  Memorial Cemetery Balto. Md.				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 21C. INJURY (APPROX.)  22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on Solid (did not)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Dr. Wm. David Jack III  24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  24C. NAME of CEMETERY or CREMATION, REMOVAL (Specify)  Burial  24C. NAME of CEMETERY or CREMATION, REMOVAL (Specify)  Burial  24C. NAME of CEMETERY or CREMATION, REMOVAL (Specify)  Burial  24C. NAME of CEMETERY or CREMATION, REMOVAL (Specify)  Burial	in or obout 21C. WHERE DID (II In Boltimore City, give exoct location)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 72 to 8/11 19 72,  19 72 and that in(my) (our) apinion death occurred on the date view the body ofter death.  23R. DATE SIGNED (23D. ADDRESS)  23D. ADDRESS  24D. LOCATION (City, town, or county) (State)				



and

in a hospital

death occurred

or his assistant if

the chief medical examiner

by

approved

his certificate must

			1		
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
the body was released to	shows: (1) An accident of	was D.O.A. at a hospital	deceased prior to death)	written approval must be	

BALTIMORE CITY HEALTH DEPARTMENT 72 08196 CERTIFICATE OF DEATH REG. NO. BIRTH NO. I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) AUGUST 26. 1972 HOWES. LORENA 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A. STATE HOWA RD MARYLAND FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C CITY OR TOWN D. INSIDE CITY LIMITS? AGNES HOSPITAL NO X YES KENS & CATON AVENUES E. STREET AND NUMBER 21043 IMORE MARYLAND 21229 8696 DAVIS ROAD 9. AGE (In years 6. RACE B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. S. SEX 7. MARRIED X NEVER MARRIED lost birthdoy Hours CAUCASIAN FEMALE WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. MARYLAND HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES RIDGLEY CATHERINE GOVER SARAH IS. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. CORDS-WILKENS & CATON AV NO ST AGNES 220-26-4608B CAUSE OF DEATH APPROXIMATE INTERVAL 1B. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from AUGUS that ()) (we) lost saw the deceased alive an AUGUST 26 19 72 ...and that in (mx) (aur) aplnian death accurred on the date and haur and from the causes stated above. (() (We) (did) (did no)) view the body after death. 238 DATE SIGNED 23A. SIGN ATURE Attending [ 26 72 Director \_\_\_ Phys. 23D. ADDRESS BA 23C. PHYSICIAN'S NAME (Type) AGNES HOSPITAL WILKENS 3 DR. ANTOINE 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) VIEW CEMETERY ADDRESS 25C. FUNERAL DIRECTOR VS 150-REV, 1/1/6B

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JEWS SHINSKYAN LANKS

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SILETON S. XOADS SIMMS BEEN

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## IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/6B

BALTIMORE CITY	HEALTH DEPARTMENT		
5-562 72 08197. CERTIFICA			
1. NAME OF DECEASED (Type or Print) SELEN A A. SOMERS	Aug-25, 1972. 8 Quy.		
	14. USUAL RESIDENCE (Whore deceased lived, If institution; residence before admission)		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?		
UNION MEMORIAL HOSPITAL	BALTIMORE YES NO		
44	3907 WOODLEA AVENUE		
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH  09-03-93  9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.   Months   Doys   Hours   Min.		
IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY		
done during most of working life, even if retired) Homemaker	MARYLAND FINERICAN		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
JOSEPH H. RIDER	SARAH NORWOOD		
15. Was Decoased Ever in U. S. Armod Forces? (Yes, no of unknown) (If yes, give wor of dotes of service)  NO  16. SOCIAL SECURITY NO. 213-10-2761D	Mr. Clifford PA Gole Sr. (Same)		
IB. // 2 / CAUSE OF DEAT			
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH		
LEADING TO DEATH	USE CEREBRO-VASCULAR ACC. A CONSEQUENCE OF:		
(This does not mean the mode of dying, e.g., DUE TO, OR AS heat foilure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:		
injusy or complication which caused death.)			
ANTECEDENT CAUSES			
	A CONSEQUENCE OF:		
uise to the above couse (A) stating the UNDERLYING CONDITION last.			
II			
O THER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (A).			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
C C C C C C C C C C C C C C C C C C C			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar)  21 B. PLACE OF INJURY (e.g., homo, form, foctory, street, of occ.)	in or about 21C. WHERE DID (If in Boltimora City, give exact location)  Iffice bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
While At Not Whi (APPROX.)  Work  Not Whi At Work	le 🔲		
22. I certify that (I) (this haspital) attended the deceased fram	08-03-1972 10 08-25- 1972		
	19 7 2 and that in(my) (aur) apinian death accurred an the date		
and haur and from the causes stated above. (1) (We) (did) (did nat)	view the bady after death.  238, DATE SIGNED		
CM. A. A. Latif M.D. AM	ending Med. Shaff O8-25-1972		
23C. PHYSICIAN'S NAME (Type) M.A. A. LATIF M.D.	23D. ADDRESS UNION MEMORIAL HOSPITAL		
DEGREE 24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, or county) (Stoto)		
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMETERY OF			
25A. DATE REC'D BY HEALTH DET 25B. NAME OF REGISTRAL	25C. FUNERAL DIRECTOR ADDRESS Tooppord I Puels The Pelts Md Cloth		
AUC28 1972 7 1000 1000 1000 1000 1000 1000 1000	Leonard J. Ruck, Inc. Balto. Md. 21214		

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	7	مرمر	001	BALTIMORE CITY	HEALTH DEPARTMENT	•	79 08100
-	5-53C	) 14	0810	38 CERTIFICA	TE OF DEATH	K20.140	72 08198 OF MARYLAND-DHIM
	pe or Print)	EASED R.			2. DATE	25/1972	09.45 A.M.
3.	PLACE IN BAL	TIMORE MARYLAND, V			4. USUAL RESIDENCE (W. A. STATE B. COL		stitution: residence before admission)
HO	LE NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT ATION)	UTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?
			. )		CITY	Ent Self Ede	YES NO
L	+++	NION MEHO	RIA HO	SPITA).	E. STREET AND NUMBER	IUM AVE.	
5.	F	6. RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		UPATION (Give kind of wor working life, even if retired)	k 10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
		operator I	opkins	Hospital	MARYLAN)	<b>D</b>	U.S.A.
	FATHER'S NA				14. MOTHER'S MAIDEN N	AME	
	40xxxx	desex PROI	YTC		cocaseobédic	Buthoteken Dox Man	nie Auld
15.	Was Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	^	ADDRESS
	NO	, itt yes, give wor or oor	es or service,	215-24-4936	ALLIN S	Grander 2	E(VAUATOURS)
	1B. 5 2	1.01		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
	DISEA	SE OR CONDITION D	RECTLY			ACUTT	٤, ا
	(This does r	LEADING TO DEATH not mean the mode of	dvina e.a.	(A) IMMEDIATE CAL	SE G.I. BLEE	DING + PENS	LEE 5 Weeks
	heort foilure,	osthenio, etc. Il meon	the diseose		A CONSEQUENCE OF:		11 44 202
		ANTECEDENT CAUSE		There exist	amena (mena)		
		OR CONDITIONS, if		(B) DUE TO, OR AS	A CONSEQUENCE OF:	OCCEP!	10.
	rise to Ih-	e obave couse (A)					
	UNDERLYING	G CONDITION lost.		(C)			
TION	TO THE DEAT	IL FICANT CONDITIONS CO THE BUT NOT RELATED TO	THE TERMINAL	APTERIO	EDEPONC CAR	diousec he	E66E
ICA		OPERATION 198 COL				No) 20B. IF YES, WERE F	INDINGS CONSIDERED
CERTIFIC	0	WAS PEI	RFORMED			IN CERTIFYING CAL	JSES OF DEATH?
CAL CE	21 A. ACCIDE OR CONTRIBU DEATH (notify	NT WAS UNDERLYING [ JTING CAUSE OF medicol exominer)	211 hor etc	ne, form, foctory, street, of	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
03	21 D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21 E	. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
2	(APPROX.)		WI	nile At Not While			
	22. I certify	that (1) (this haspite	l) attended t	the deceased from 07	122 72	19 to 08 2	5 72 19
	that (I) (we)	lost saw the deceos	ed olive on	08 25 72	19and	that in(my) (our) opin	nion death occurred on the date
	ond hour and	d from the causes sta			iew the bady ofter death		
	23A. SIGNATU	Il lab		Atte	nding Med.	Shall The	23B. DATE SIGNED
		HINESUPCIE		DEGREE Phys	s. Director	Staff Phys.	08/25/72
	NAME (T	HWENDO	RFF	OEGREE	THE UNION ME	MORIS HOOPI	121
24/	A. BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (Cit	y, town, or county) (Stote)
	Buria		/72. Ba	ltimore Cemet	ery	Baltimore	, Md.
25/	AUG28	1972 Sich	25B. NAME	OF REGISTRAR	Leonard J. F	Ruck, Inc. Ba	lto. Md. 21214
VS	150_PEV 1/1/	68	1		1 9 1		

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with the parties and promise of the sales and the sales

0		HEALTH DEPARTMENT		72 08139
D-/00 72 (81	199 CERTIFICA	TE OF DEATH	REG. NO.	
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	w0
Gregory	Ворр	August	25,1972	1:00 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		A. STATE B. COUNT	deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN:	STITUTION, GIVE STREET	Maryland c. CITY OR TOWN	lo inte	IDE CITY LIMITS?
INSTITUTION			D. INS	
90		Baltimore E. STREET AND NUMBER		YES NO
Edgewood Nursing H	lome	1806 Ramblew	good Ave	
S. SEX 6. RACE 7. MARRI	IED NEVER MARRIED	8. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male White WIDOW	VED DIVORCED			
IOA. USUAL OCCUPATION (Give kind of work 10 B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Retired Clerk Acct Dept	. B&O C&O RR	Wayn 1 1		
13. FATHER'S NAME	- Dau Cau RR	Maryland 14. MOTHER'S MAIDEN NAM		U.S.A.
		and the second second		
George Bopp		Margaret 0'	Connor	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes   WW 11	A705-05-306	1 Mrs Lyda M	Bonn	Same
18. 15 4 1	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			D 1	
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Ca	Rectu	u 6 mor.
(This does not mean the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
heart lailure, asthenio, etc. It means the disectiniury or complication which coused death.)	ose,			
ANTECEDENT CAUSES				
	(B)	A CONSEQUENCE OF:		****
DISEASES OR CONDITIONS, if ony, giver ise to the above couse (A) stoling	3	A CONSEQUENCE OF		
UNDERLYING CONDITION lost.	(c)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL	0 T + T T T D D D T T D O T T D D D D D D D D	****	
19A. DATE OF OPERATION 198. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		-uo	IN CERTIFYING CA	USES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Soltimo	re City, give exact location
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, or	ffice bldg., INJURY OCCUR?		
101				
21D. TIME (Month) (Doy) (Year) (Hour)				
W OF WHILEY	21E. INJURY OCCURRED	21F. HOW DID INJU	INT OCCUR!	
OF INJURY (APPROX.)	While At Not While Work At Work	• —	JRT OCCUR!	
(APPROX.)	While At Not While Work Not Work	• 🗆		1072
(APPROX.)  22. I certify that (1) (this hospital) attended	While At Not While At Work	fet, 1	972 to 6	
(APPROX.)	While At Not While At Work	fet, 1	972 to 6	Eug 1972,
(APPROX.)  22. I certify that (1) (this hospital) attended	While At Not While At Work At Work and The deceased fram	Feb 1 10 and tha	972 to 6	
(APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive of	While At Not While At Work At Work and The deceased fram	Feb 1 10 and tha	972 to 6	
(APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and from the causes stated above	while At Not While At Work At Work At Work an At Work (I) (We) (did) (did not)	19 77 and the view the bady ofter deoth.	97V_taG t In(my) <del>(out)</del> ap	inlan death accurred an the date
(APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE  OM A HAMMA	while At Not While At Work At	19 2 and the view the bady ofter deoth.	97V_taG t In(my) <del>(our)</del> ap	inlan death accurred an the date
(APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and from the causes stated above	while At Not While At Work At	19 77 and the view the bady ofter deoth.	97V_taG t In(my) <del>(out)</del> ap	inlan death accurred an the date
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and from the causes stated abave 23A. SIGNATURE  23C. PHYSICIAN'S FOR M. Friede	while At Not While At Work At	19 2 and the view the bady ofter deoth.	97 ta G	inlan death accurred an the date
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive of and haur and from the causes stated abave 23A. SIGNATURE  23C. PHYSICIAN'S FOR BA. Freede William H. Ka	while At Not While At Work and The deceased from the second fr	19 7 and the view the bady ofter deoth.  23D. ADDRESS 6011 York	97 ta G	inlan death accurred an the date
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive of and haur and from the causes stated abave 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) For Mr. Friede William H. Ka	while At Not While At Work At	19 2 and the view the bady ofter deoth.  23D. ADDRESS  6011 York  EMATORY  24D. LO	t In(my) (our) api	238, DATE SIGNED  8/25/72  Sity, town, or county) (State)
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive of and haur and from the causes stated abave 23A. SIGNATURE  23C. PHYSICIAN'S FOR BUT. Freedown William H. Ka  24A. BURIAL CREMATION, 24B. DATE 24C, REMOVAL (Specify)  Burial 8/28/72	while At Not While At Work At	19 2 and the view the bady ofter deoth.  23D. ADDRESS  6011 York  EMATORY  24D. LO	t In(my) (our) api	238, DATE SIGNED  8/25/72  Sity, town, or county) (State)
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive of and haur and from the causes stated abave 23A. SIGNATURE  23C. PHYSICIAN'S FOR BA. FREEDOWN WILLIAM H. Ka  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial 8/28/72	while At Not While At Work At	19 2 and the view the bady ofter deoth.  23D. ADDRESS  6011 York EMATORY 24D. LO 25C. FUNERAL DIRECTOR	t In(my) (our) api	238, DATE SIGNED  8/25/72  ity, town, or county) (State)  Maryland
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive of and haur and from the causes stated abave 23A. SIGNATURE  23C. PHYSICIAN'S FOR BUT. Freedown William H. Ka  24A. BURIAL CREMATION, 24B. DATE 24C.  Burial 8/28/72	while At Not While At Work At	19 2 and the view the bady ofter deoth.  23D. ADDRESS  6011 York EMATORY 24D. LO 25C. FUNERAL DIRECTOR	t In(my) (our) api	238, DATE SIGNED  8/25/72  Sity, town, or county) (State)



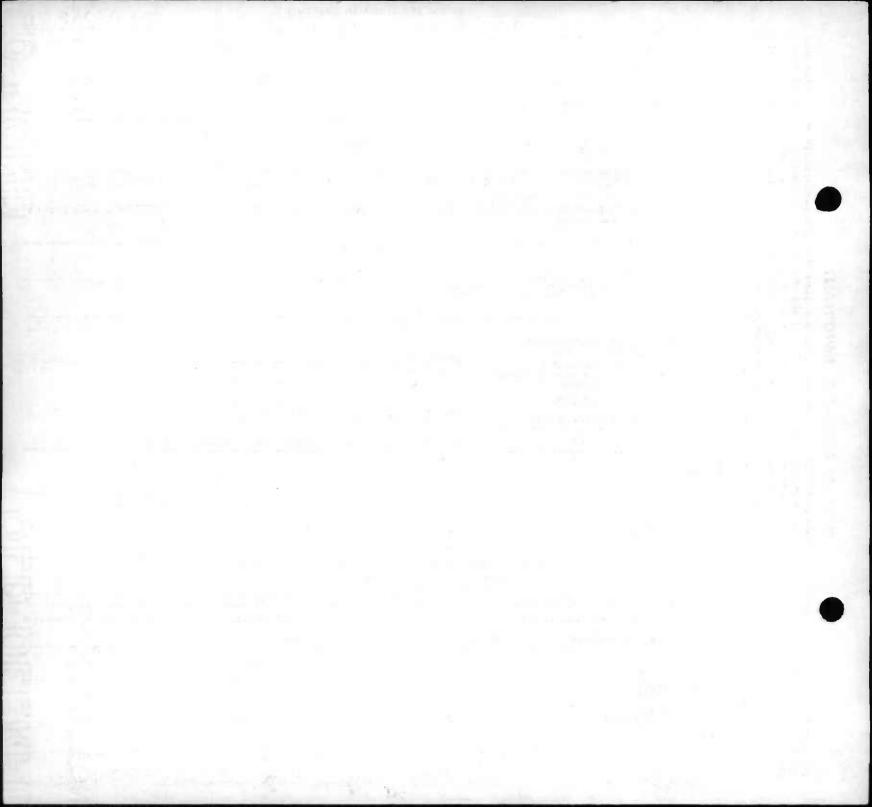
B-652		BALTIMORE CITY H			DEATH		72	08200
BIRTH NO.		CAL LAAMINER S	CERTIFI	CATE OF	DEATH	REG. NO.		00000
1. NAME OF DECEASE	JOAN	IN BARNES	2. DATE OF	Known X	Month	Doy	Year	Hour
4. PLACE IN BALTIMO	RE, MARYLAND, WHE	RE PRONOUNCED DEAD	3. DATE	Estimoted L	August	25, 1	Yeor	2:55 P.M.
FULL NAME OF HOSPITH OR T	(IF NOT IN HOSPITAL O	OR INSTITUTION, GIVE STREET	PRONO	UNCED DEAD	August	25, 1	972	2:55 P.M
	LICALL	ral Hospital 1-23-7	5. USUAL R	ESIDENCE (Where	dece osed live	d. If Institutio	n; residence	before odmission)
6. SEX 17. RA			T.C. CITY OF	Maryland			1714 1114 1760	1100
Female	Noone	MARRIED NEVER MARRIED	חוב בווז סג	Baltimore	1	. INSIDE C		
9. DATE OF BIRTH	i 0. AGE (in ye		E. STREET	AND NUMBER		Y	ES	NO 🗆
4/1/52	last birthday) 20	Months Days Hours Mil		509 W. Ho	ffman S	treet		
Baltimor	e, Ma	12. CITIZEN OF WHAT COUNTRY?	13. FATHER					
14A.USUAL OCCUPATION OF COMPANIES	N (Give kind of work 14B.)	KIND OF BUSINESS OR INDUST	Cath	r's MAIDEN NAM terine	ME			
16. WAS DECEASED EV (Yes, no or unknown) (If yes	ER IN U.S. ARMED FC	PRCES? 17. SOCIAL SECURITY NO.	18. INFOR	Catheri	ine Bar	nes,	DDRESS Same	
19. 419	2.X	CAUSE OF DE					AP	PPROXIMATE INTERVAL
DISEASE OR	CONDITION DIRECTLY	Acute	Interst	itial Myod	carditis	3	BETW	VEEN ONSET AND DEATH
	NG TO DEATH	(A)IMMEDIATE		Edema of	brain			
heart failure, osthe	on the mode of dying, nia, etc. it means the dis- ion which coused death.)	ease, DUE TO, OF	AS A CONSEC	UENCE OF:				
			entific	drug ing	action			
DISEASES OR CO	DENT CAUSES INDITIONS, IF ANY, GI VE CAUSE (A) STATING	VING (B) DUE TO, O	R AS A CONSE		escion			
II I UNDEKLYING C.	ONDITION LAST.	(C)						
OTHER SIGNIFICAL TO THE DEATH BE DISEASE OR CONI	11							
TO THE DEATH BE	NT CONDITIONS CONT UT NOT RELATED TO THE DITION GIVEN IN PART	TERMINAL						
20A. DATE OF OPER		TION FOR WHICH OPERATION V	VAS PERFORM	ED			21. AUTO	PSY? (Yes or No)
								Yes
22A. EXTERNAL COUNDERLYING CAUSE OF	CONTRIB-	22B. PLACE OF INJURY (e.g. home, farm, factory, street, off	, in or obout 2 ice bldg, etc.) I	2C. WHERE DID (	Il in Boltimore	City, give ex	ict location)	
22D. TIME (Month		(Hour) 22E, INJURY OCCURRED		2F. HOW DID INJ	URY OCCUR	?		
(APPROX.)		m. WHILE AT NO	WORK WORK	ギ				
23.	ot I held an Inqu	Iry Inspection A	utopsv X	and that on th	ite haste, de	ath In my	onlalen	
	om: Natural_couses		-	From 1	Indetermine			
ACTUAL	11. 11	10011000		HIEF MEDICAL E	_			DATE CICALIER
ACTUAL SIGNATURE	AUG	ce ville m	D. ASSI	STANT MEDICAL E	XAMINER E	]		DATE SIGNED
EXAMINER'S NAME (Type)	Peter Li	pkovic, M.D.	ASSO	CIATE MEDICAL E	XAMINER [	]	August	26, 1972
24A. BURIAL CREMATIO REMOVAL (Sportly)	N, 248. DATE 8/30/7	24C. NAME of CEMETERY MT Auburn			OCATION		, or county)	(State)
25A. DATE REC'D BY HE		5B. NAME OF REGISTRAR	n Cemet	UNERAL DIRECTO	altimo			
AUG28 197	/   -	Moron					DDRESS 06 W	North Ave
VS 151-REV. 1/1/68	71	Stripped Lab	1 61	9 6				

1-23-1973 - Two (2) Letters from the Office of the Chief Medical Examiner,
Peter Lipkovic, M.D., Assistant Medical Examiner.
(1-dated 1-17-73 & 1-dated 1-22-1973) hs

## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT
H-536 72 08201 CERTIFICATE OF DEATH REG. NO. 72 U82011
1. NAME OF DECEASED (Type or Print) Dev Son DaisyA.  2. Date and Hour of Death Aug 26.72 19.45 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission & STATE B. COUNTY
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
1 11
39 Provident Hospital Inc Street AND NUMBER 3500 Cars do le Ave
5. SEX  6. RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  S / 25/00  9. AGE (In years lost birthday) 72  (If Under 1 Ye. If Under 24 Hring lost birthday) 72  Wildows Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  done during most of working life, even if refired)
Retired Unemployed Eastern Share, 181d U.S.A
13. FATHER'S NAME
John Manuel Essie Jenkins
15. Was Decorsed Ever in U. S. Anhed Forces! 16. SOCIAL 17. INFORMANT (Versing or unknown) IS Yes was or dates of service) SECURITY NO.
No 212-03-09/2 Chester Hoderson Same address
18. 3 9 5 9 1 CAUSE OF DEATH
DISÉASE OR CONDITION DIRECTLY ACLUTE Candio respiratory Arres [
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)
ANTECEDENT CAUSES ACUTE RENAL Failure CErebral
DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE OF: EM DO 1 SM
underlying Condition lost (c) Acute Bacterial Endocarditis
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Antie Stensis + insufficiency
V DISEASE OR CONDITION GIVEN IN PART 1 (A).  U 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION [20A-AUTOPST? (Yes & No.)] 20B IP YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FOR THE STEWARD TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  121A ACCIDENT WAS UNDERLYING 1 121B PLACE OF INJURY (e.g., in or obout 21C WHERE DID (If in Boltimare City, give exect location)
21A ACCIDENT WAS UNDERLYING   21B PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in Boltimare City, give exect lacotion) or CONTRIBUTING CAUSE OF Compact Country, street, office bldg. INJURY OCCUR?
21D-TIME (Month) 1Doy) (Year) (Hour 21E INJURY OCCURRED 21E HOW DID INJURY OCCUR?
S OF INJURY (APPROX.)  While At Work  At Work
22. I certify that (I) (this hospital) attended the deceased from
that (1) (we) last sow the deceased alive on
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
23A, SIGNATURE 23B, DATE SIGNED
Meaner (S. Malicia le M.D. DEGREE Phys. Director Phys. II
23C. PHYSICIAN'S NAME (Typel
MARCOS B GALICIA, Jr., MD - DEGREE  24A. BURIAL CREMATION, 124B. DATE 124C. NAME OF CEMETERY OF CREMATORY 124D. LOCATION (Gily, Jown, or county) (Stotel
REMOVAL (Specify)
Burial 8/30/72/MNC+1 Mem, Tark Balto. Md.
MICO 5000 Ailieu behardon hals Mary & /an/-802 madien
VS 150-REV. 171768



1-523	72 08202 STATE OF MARYLAND DHANK BALTIMORE CITY HEALTH DEPARTMENT
1-083	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 72 08202

BII	RTH NO.		MILD	ICAL	LA	AMIIIAFK 2	LKIIII	CAIL	Oi	DLAI	REG. N	0.	00.	SUZ_
1.	NAME OF DEC	EASED					2. DATE	Known	X	Month	Doy	Yes	ar H	our
(Ту	pe or Print)	son S	. Le M	agter			OF DEATH	Estimote	ed 🔲	8	20	72	1	1:35 p. M.
4.	PLACE IN BALT					UNCED DEAD	3. DATE			Month	Doy	Ye	$\rightarrow$	our'
	LL NAME OF	(IF NO	T IN HOSPITA	LORINST	TITUTIO	N, GIVE STREET	PRONO	UNCED DE	AD	8	20	72		1:35p. <sub>M.</sub>
HC OR	SPITAL	ADDRE	SS OR LOCA	IION)			5 HISHAL I	ESIDENICE	(Where		ved. If institut		nco hofo	
	35	Ch	urch H	ome H	losp	ital	A. STATE	Mary1a		deceosed ii	B. COUNTY		10	207
6.	SEX	7. RACE		8. MARR	IED 🗀	NEVER MARRIED	C. CITY OF	R TOWN			D. INSIDE	CITY LIMI	TS?	
	male	white		WIDOW		_	Ba1t	imore				YES 🔀	NO	
9.	DATE OF BIRTH		10.AGE (In	yeors	If Unc	ler 1 Yr. If Under 24 Hrs.	II.	AND NUM	BER		1	ICS RET	140	
	r 5 10	112	lost birthdo	0	Month	s Doys Hours Min.	2626 M	iles A	MANI	0				
	July 5,19			0	12. CI	TIZEN OF	13. FATHER		VCIIC					
	Wash Win	-1-1-			W	HAT COUNTRY?		T 14						
144	West Vir		e kind of world	IAB. KIND	OF B	USINESS OR INDUSTR		y LeMa					_	
dor	ne during most of w	orking life, ev	en if retired)	1.5			, and the	IK S MIKIDE	1177					
_	Salesn		11.5. 45.4455			obile	Mabe1	Dona1	dson					
(Ye	s, no or unknown)	(If yes, give w	vor or dotes	of service	)	55 SOCIAL SECURITY NO. 234-01-9316	18. INFOR	MANI	17. 1		Route 1	ADDRESS		w .
	No					234-01-9316	Mrs	. Mary	неа	T1CK-	Inwood;	west,		
	19. 2/	4				CAUSE OF DEA			2.0	7.11				ONSET AND DEATH
	DISEASI	E OR COND	ITION DIREC	TIV		Arterio	sclero	tic ca:	rdio	vascu.	lar dis	ease.		
		EADING TO				(A)IMMEDIATE C	ALICE							
	heort foilure,	ot meon the osthenio, etc.	. It meons the	diseose,		DUE TO, OR		QUENCE OF:					~ ~ ~ ~ ~ ~ ~ ~ ·	
	injory or com	ipinconon wine	in coosed dee	,,,,,										
	AN	NTECEDENT	CAUSES			(B)								
	DISEASES C	ABOVE CAL	ONS, IF ANY	, GIVING		(B)	AS A CONSE	QUENCE OF	F:					
7	UNDERLYIN	IG CONDITI	ON LAST.			(c)								
١ō			II		-									
CERTIFICATION	OTHER SIGN TO THE DEA DISEASE OR	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL	opskoolikkejen televland die oor klavinie een die, tele oor oor 100 00 00 00				*******				
RTI	20A. DATE OF			• • •		WHICH OPERATION W	AS PERFOR	MED				21. A	UTOPSY	? (Yes or No)
뜅	0													
A	22A. EXTERI	NAL CAUSE	MAC		22B DI	ACE OF INITION	in an about	22C MUEDE	DID /	If t- D-lat	City ty-		No	
MEDICAL	UNDERLYING UTING CA	OR CON	TRIB-		home,	.ACE OF INJURY(e.g., form, foctory, street, offic	e bldg., etc.)	INJURY OC	CUR?	it in Bollimo	re City, give	ехост госати	on)	
Σ		Month) (D	oy) (Yeor	) (Hou	r) 22	E. INJURY OCCURRED		22F. HOW	DID IN	URY OCC	UR?			
	OF INJURY (APPROX.)				m. W	ORK NOT	WHILE ORK							
	23.				m.j w	JAN LJ AIV	OKK LJ							
	I certi	ify that I h	eld an I	nquiry [		Inspection Au	tap sy	and tha	t on th	is basis,	deoth in m	y opinia	n	
	result	ed from: N	atural cau	ses M	Ac	cident Suicio	le H	amicide [	1	Indetermi	ned manne	П		
			MI	/	1			CHIEF MED						
	ACTUAL	(	1 Cak	all	\ <u></u>		ASS	ISTANT MED			n			TE SIGNED
	SIGNATU		100	0-0		M.D						8	-21-	12
	NAME (T	D114	ssell S	S. Fi	she	r, M.D.	A550	OCIATE MED	DICAL E	XAMINER				
	A. BURIAL CREA MOVAL (Specif		4B. DATE		24C	. NAME of CEMETERY	or CREMAT	ORY	24D. I	OCATION	(City, to	own, or cou	unty)	(Stote)
	Buria1		ug.25.			easant View					nsburg			y.W.Va.
25	A. DATE REC'D	BY HEALTH I	DEPT.	25B. N	AME (	F REGISTRAR	25C.	FUNERAL P	DIRECTO	DR A	11 18.	ADDRESS		
	HUGAE	1912	Ma	wey	W.	norm	p.	own Fu	au	was		SION		rg.W.Va.
VS	151-REV. 1/1/68			A	23	2011	) /	JWIF PU	nier:	T TION	C - IIC .	rial (1)	/	PP va .

8-30-1972 - Letter from the Office of the Chief Medical Examiner, Russell S. Fisher, M.D. Chief Medical Examiner HRS

9-6-1972 - Letter from the Office of the Chief Medical Examiner, Russell S. Fisher; M.D. Chief Medical Examiner

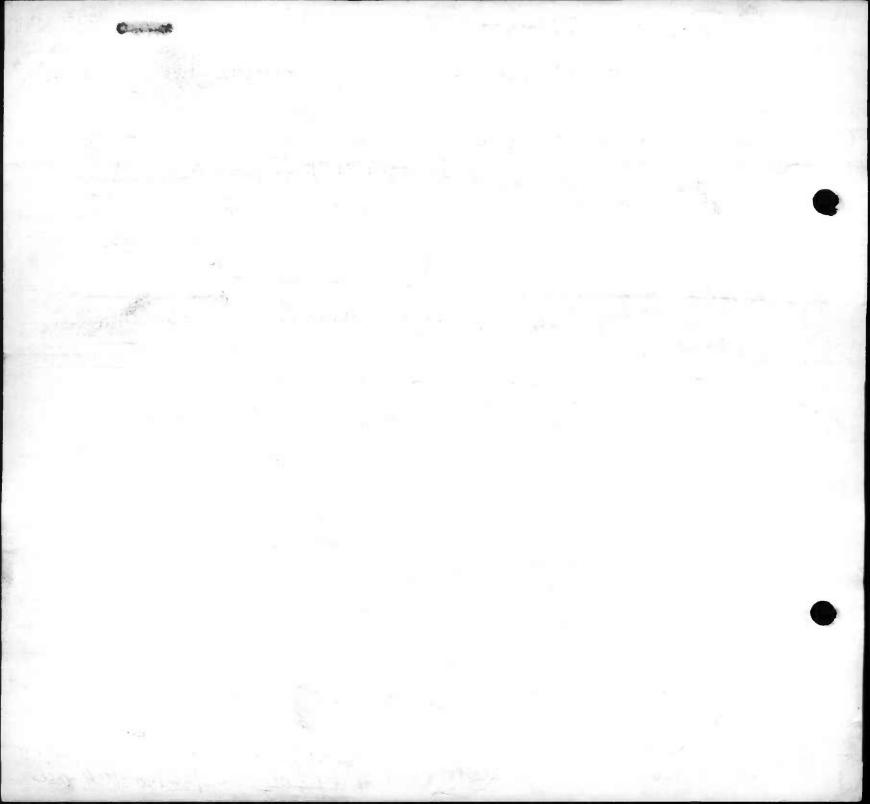
or or it were to refer the common well and the common of t

HRS

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/68

R	- 240 72	08203		HEALTH DEPARTMENT		72 082
BIRTH	No.	00203	CERTIFICA	TE OF DEATH	REG. NO.	ATTS OF MARYLAND-DHA
Type of	E OF DECEASED				AND HOUR OF DEATH	ALD OF MENTINAMO-DE
3. PLA	CE IN BALTIMORE, MARYLAND, V	HERE PRONOUNCE	ED DEAD	14 USUAL RESIDENCE (	18 172	institution: residence before odmissio
FULL N	NAME OF UF NOT IN HOSPIT	AL OR INSTITUTIO		MARU AND	DUNTY	1661
HOSPIT				C. CITY OR TOWN		SIDE CITY LIMITS?
9	How Hill Wassin	PEECE		BALLIMORE E. STREET AND NUMBE	R	YES / NO
5. SEX	6. RACE	7		8. DATE OF BIRTH	yette Ave	
2		7. MARRIED N	=		9. AGE (In yours last birthday)	Months Doys Hours Min.
IOA, USL	UAL OCCUPATION (Give kind of world		DIVORCED	1-1-95	77	12. CITIZEN OF WHAT COUNT
done duri	ring most of working lile, even if refired[				ioto.gn coonny,	
13. FATH	HER'S NAME			14. MOTHER'S MAIDEN	VA AAR	U,S,
				MAIDEN I	AME	
15. Wes	Deceased Ever in U. S. Armed For	ces?  16.	SOCIAL	17. INFORMANT		ABBASS
Yes, no c	or unknown) (If yes, give wer at dete	s of service)	SECURITY NO.		_	ADDRESS
18.	42 4 2 4 4 4 4	12	13-54-1828	Admission	N RECORD	
10.	4-1-2,4-14-3	50,9	CAUSE OF DEAT			BETWEEN ONSET AND DE
	DISEASE OR CONDITION DIS LEADING TO DEATH	RECTLY		Pulm make	Cedema a	we to c. D.D.
(Thi	is does not mean the made at	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	*************	, juaceu
inju	ort lailure, asthenia, etc. It means	the disease, death.)		Heart To	alune-	-
	ANTECEDENT CAUSES		1	000	19	
DISI	EASES OR CONDITIONS, if	ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
rise	la the abave cause (A)	stating the				
UN	DERLYING CONDITION iast.		(c)		// Ø	
Z OTH	ERSIGNIFICANT CONDITIONS COL	ATTOIOLITIMA	2	apeles	acetice.	ż
A DISE	THE DEATH BUT NOT RELATED TO THE ASE OR CONDITION GIVEN IN PARTON 198 CON	HE TERMINAL	(0)	A - Ky	ryles	*
	WAS PERF	ORMED		20A. AUTOPSYRIVOS OF	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
DEA	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	home, for	CE OF INJURY (e.g., ir m, factory, street, of	or obout 21C. WHERE DID	(II In Boltimo	re City, give exect location)
S OF I	TIME (Month) (Doy) (Year) INJURY PROX.)	While At	Not While	21F. HOW DID	NJURY OCCUR?	
22	Langette show (th (at to Land to the	WOIK	- VI AAGIK			
22.	certify that (i) (this hospital	) attended the de	ceased from	*****	19to	19
rnat	(i) (we) iast saw the decease	d cilve on		19and	that in (my) (our) api	nion death occurred on the de
and	hour and from the causes stat	ed above. (I) (We	) (did) (did nat) vi	ew the body after deat	1.	
23A.	SIGNATURE	30	A11-		L.W. Co.	23B. DATE SIGNED
	method. 0	tur	DEGREE Phys.	ding Med.	Staff Phys.	8/18/72
23C.	PHYSICIANS NAME (Type) SOSENY/	5. 122	UM 402	3D. ADDRESS	GIVER	5
24A. BUR	RIAL CREMATION, 248, DATE	24C.NAME	DEGREE OF CEMETERY OF CRE	MATORY 24D.	7 =	ity, town, or county) (Stole)
IZ /	MOVAL (Specify) 8/22/72			Clareten		ly, town, or county) (Stote)
25A. DA	KING 1	258. NAME OF REC	EASEANT, C	25C FUNERAL DIRECT	WINGS MI	LLS MARYLAN
All	1628 1972 Doch	sy within	Amo o	6 34 101/10	1	7.10. Was home
- a -		7 6.4	100	NAME AND A PARTY OF TAXABLE PARTY.	MM 1. 1X/	IN THE TIME DE STANDS



BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT **DIRECTOR:** FUNERAL

VS 150-REV. 1/1/68

STATE OF MARYLAND-DHM 10:45 D. INSIDE CITY LIMITS? YES X NO If Under 24 Hrs. If Under 1 Yr. Months: Doys 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (Il In Baltimore City, give exact location) and that in (my) (our) opinion death accurred an the date 23 B. DATE SIGNED

(State)

and the same

(Type o	22-				Be nnett		CE (Where decen	126/2	Stilution: lesidence before	1
	NAME OF TAL OR UTION		IN HOSPITA S OR LOCA Ce City	AL OR INST TION)  HOSPI	TUTION, GIVE STREET	Maryland C. CITY OR TOWN Baltimor	e countr		DE CITY LIMITS?	8
	E	altimor	e, Mar	yland	21224	3413 Lev	erton Ave	21224		
5. SEX Fem		Caucas		WIDOWE		3/12/07	lost birth		If Under 1 Yr. If Ur Months Doys Hours	der 24
done du	ring most of y	PATIONIGIVE Porking life, eve hine Ope	n if retired)		of Business or industry nental Can	Virginia	e or foreign count	ryl	U.S.A.	cou
13. FAT	HER'S NAM	AE				14. MOTHER'S MAIL	DEN NAME			-
6	lavid C	ain				Lula B	rooks			
15, Was (Yes, no	Decrased or unknown)	Ever in U. S.	Armed Forc	es? of service)	16. SOCIAL SECURITY NO. 218-10-7361	BCH Record	s 4940 Ea	astern A	ADDRESS	
he inj	or loiture, oury or com	LEADING TO of meon the osthenia, efc. plicotion which ANTECEDENT	mode of if meons ch caused CAUSES	the disease death.) ony, giving	(B) SUE	A CONSEQUENCE OF:	renava. vecless		***************************************	4.
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Heining State of Stat	SEASES OF COMPANY OF THE PROPERTY OF THE PROPE	of meon the osthenia, efc. plicotion white ANTECEDENT R CONDITION CONDITION CONDITION CONDITION CANT CONDITION GIVEN PROPERATION	mode of if means the caused CAUSES ONS, if o ouse (A) N lost, TIONS CONTINUE TO THE CONTINUE T	the discosed death.)  ony, giving storing the storing	(B) DUE TO, OR AS	A CONSEQUENCE OF:	lozclesa iel, pra	Lei elle Larel V	***************************************	
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AEDICAL CERTIFICATION OF THE PROPERTY OF THE P	SEASES O  e fo fhe NDERLYING  HER SIGNIFI THE DEATI THE DEATI THE OF	of meon the osthenia, efc. plicotion which which will be considered to the constant of the constant of the constant condition of the constant const	mode of if meons th caused CAUSES ONS, if o ouse (A) N lost, IIONS CONLATED TO THE YEN (N PART 1998. CONE WAS PERFORMAN PERFOR	ony, giving stofing the VTRIBUTING E TERMINAL 1 (Hour) 21 W	(B) DUE TO, OR AS  (C) DUE TO, OR WE  (C) WHICH OPERATION  B. PLACE OF INJURY (e.g., is me, form, fociory, street, of	20A. AUTOPSY? (Y  Or obout 21C. WHERE fice bldg., fNJURY OC	es or No) 208, II fN CE	FYES, WERE FI	PARK ASSESSION SIDERED USES OF DEATH?	2-3
MEDICAL CERTIFICATION  NO OLD TO THE COLD THE	SEASES OF CONTRIBUTION CONTRIBU	of meon the osthenia, efc. plicotion whith the condition of the condition	mode of if means the caused CAUSES ONS, if o buse (A) N lost, IIONS CONLATED TO THE FEN (N) PART (1) PR. CONE WAS PERFO (1) CONE	ony, giving stoffing the NTRIBUTING ETERMINAL 1 (A). DITION FOR ORMED 21 WW.	WHICH OPERATION  B. PLACE OF INJURY (e.g., image, form, fociory, street, of the control of the control of the control of the control of the deceased from th	20A. AUTOPSY? IV	es or No. 208, III fin CE	FYES, WERE FIRM CAU	INDINGS CONSIDERED ISES OF DEATH?	19
MEDICAL CERTIFICATION  AMERICATION  TO STATE OF THE CATTLE OF THE OF THE CATTLE OF THE CATTLE OF THE CATTLE OF THE CATTLE OF THE	SEASES OF CONTRIBUTION OF CONT	of meon the osthenia, efc. plicotion white ANTECEDENT R CONDITION CONDITION CONDITION CONDITION GIVE OPERATION CAUCH WAS UND TING CAUCH CA	mode of if means the caused CAUSES ONS, if o buse (A) I lost.  TIONS CONTACT TO THE CONTACT TO T	ony, giving stoting the MTRIBUTING ETERMINAL 1 (A).  OTHER OF THE MEDICAL STOTE OF THE MEDICA	WHICH OPERATION  B. PLACE OF INJURY (e.g., is me, form, fociory, street, of hile at At Work the deceased from	20A. AUTOPSY? (Y  20A. AUTOPSY? (Y  20A. HOWER  10 or obout 21C. WHERE  11 21F. HOW	es or No) 208, II fN CE DID CUR?	FYES, WERE FIRM CAU	INDINGS CONSIDERED ISES OF DEATH?	19
MEDICAL CERTIFICATION OLIVERATION OLIVERAT	SEASES OF CONTRIBUTION OF CONT	of meon the osthenia, efc. plicotion white ANTECEDENT R CONDITION CONDITION CONDITION CONDITION GIVE OPERATION  IT WAS UND TING CAU: medical examination (Month) (Dotte that (1) (this last saw the fram the care	mode of if means the caused CAUSES ONS, if o buse (A) I lost.  TIONS CONLATED TO THE CONLATED	ony, giving stoting the MTRIBUTING ETERMINAL 1 (A).  OTHER DITION FOR ORMED  (Hour) 21 WW well with the ded do alive an.	WHICH OPERATION  B. PLACE OF INJURY (e.g., image, form, fociory, street, of the control of the control of the control of the control of the deceased from th	20A. AUTOPSY? (Y  20A. AUTOPSY? (Y  20A. HOWER  10 or obout 21C. WHERE  11 21F. HOW	es or No) 208, II fN CE DID CUR?	YES, WERE FI RTIFYING CAU (If In Boltimore	INDINGS CONSIDERED ISES OF DEATH?	19
MEDICAL CERTIFICATION Living 100 100 100 100 100 100 100 100 100 10	SEASES OF CONTRIBUTION OF CONT	of meon the osthenia, efc. plicotion which which will be considered to the construction of the constructio	mode of if means the caused CAUSES ONS, if o buse (A) I lost.  TIONS CONLATED TO THE CONLATED	ony, giving stoting the MTRIBUTING ETERMINAL 1 (A).  OTHER DITION FOR ORMED  (Hour) 21 WW well with the ded do alive an.	WHICH OPERATION  B. PLACE OF INJURY (e.g., in me, form, fociory, street, of c.)  E. INJURY OCCURRED hile At Work the deceased from  We (did) (did not) v	20A. AUTOPSY? (Y  20A. AUTOPSY? (Y  20A. HOWENCE DI  120A. AUTOPSY? (Y  21F. HOW  21F. HOW  120A. AUTOPSY? (Y  21F. HOW  Med.	es or No) 208, III EDID INJURY OC  19 2  and that in (m) deoth.	YES, WERE FI RTIFYING CAU (If In Boltimore	INDINGS CONSIDERED ISES OF DEATH?  City, give exact location	19
NO OT TOO TOO TOO TOO TOO TOO TOO TOO TO	SEASES OF CONTRIBUTION OF CONT	of meon the osthenia, efc. plicotion which which will be a constructed by the construction of the construc	mode of it means the caused CAUSES ONS, if o buse (A) N lost.  TIONS CONLATED TO THE PEN IN PART 1998. CONLETT OF THE CONLETT OF T	ony, giving stoting the stotin	WHICH OPERATION  B. PLACE OF INJURY (e.g., in me, form, fociory, street, of c.)  E. INJURY OCCURRED hile At Mork the deceased from DEGREE Phys	20A. AUTOPSY? (Y  20A. AUTOPSY? (Y  20A. MITOPSY? (Y  21F. HOW  21F. HOW  19  21ew the body after	es or No) 208, III fin CE  DID INJURY OC  19 2  and that in fin deoth.	YES, WERE FIRTHYING CAU (If In Boltimore CUR?	INDINGS CONSIDERED ISES OF DEATH?  City, give exact location	19

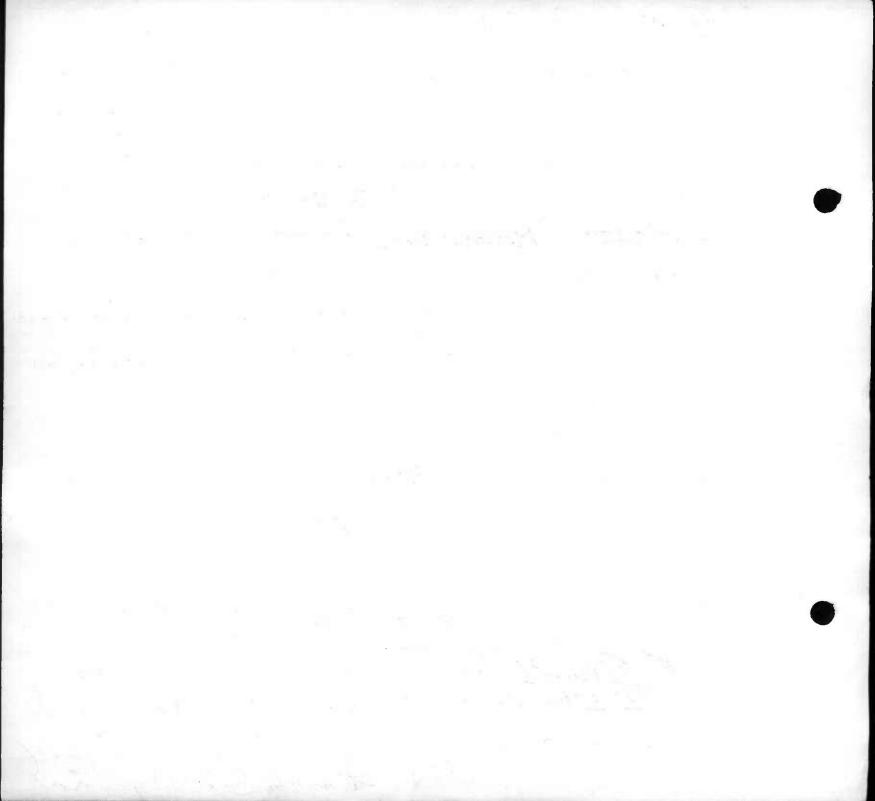
control of the other can be be also

w. pled

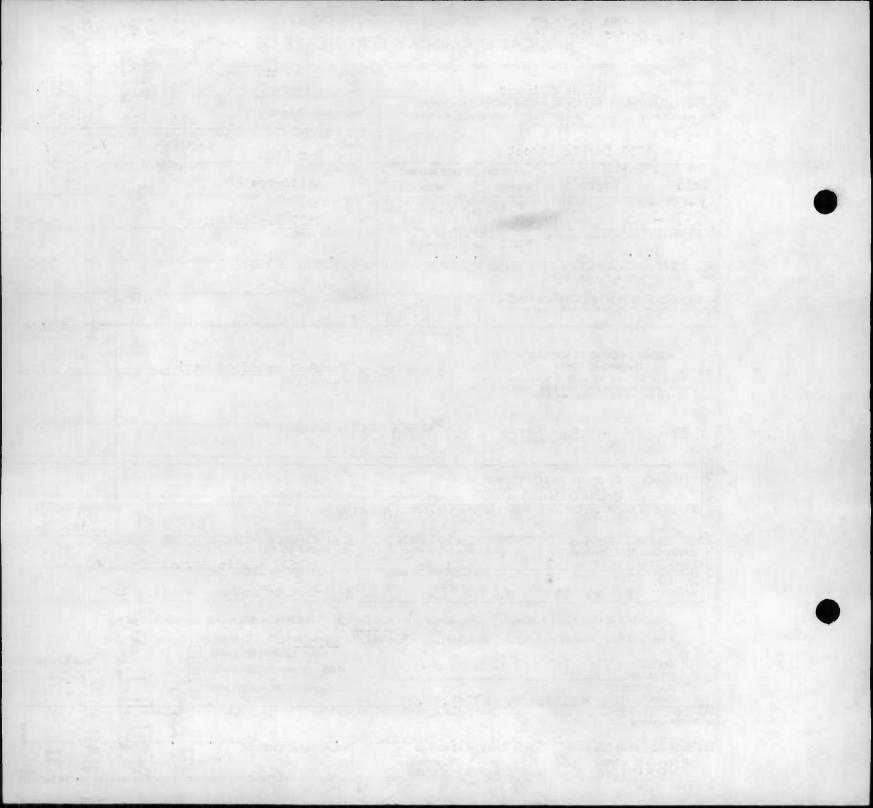
IMPORTANT

DIRECTOR:

FUNERAL

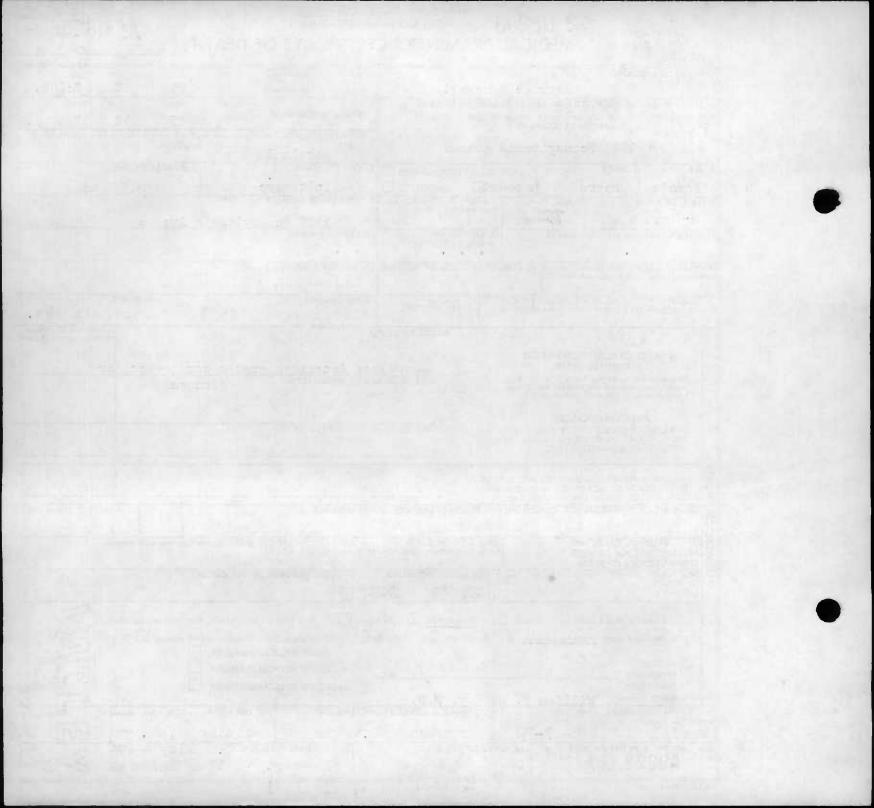


STATE OF MARY BALTIMORE CITY HE	ALTH DEPARTMENT	08207
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	U02i)/
BIRTH NO.		
1. NAME OF DECEASED (Type or Print)	OF	Year Hour
Jacob Skinner	DEATH Estimoted LI 8 24 /2	9:15 P.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy PRONOUNCED DEAD 8 24 72	Yeor Hour 9:15 P.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: resi	
0 1537 Leslie Street	Maryland B. COUNTY	1501
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LI	MITS?
Male Negro WIDOWED DIVORCED	Baltimore YES	O ON [
9. DATE OF BIRTH 110. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
5-30-12 lost birthday) Months & Days Hours Min.	1537 Leslie Street	
11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF	13. FATHER'S NAME	
N.C. WHAT COUNTRY?	Wm. Skinner	
14A.USUAL OCCUPATION (Give kind of world 4B. KIND OF BUSINESS OR INDUSTR)	15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired)  RR	70.00	
IA WAS DECEASED EVER IN ILS ARMED EOPCES? 117. SOCIAL	Mary Lilly 18. INFORMANT ADDRESS	ESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		
717090416 [19. CAUSE OF DEA	Laura Peterson 2109 Lynh	APPROXIMATE INTERVAL
CAUSE OF DEA		BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (A)IMMEDIATE C	AUSE Gunshot wound of head	
heart toilure, asthenio, etc. It means the disease,	AS A CONSEQUENCE OF:	
Injury or complication which coused death.)		
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
I INDEPLYING CONDITION LAST		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/O		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21.	AUTOPSY? (Yes or No)
		Yes
	In or obout 22C. WHERE DID (If In Boltimore City, give exact loce bldg., etc.) INJURY OCCUR?	cation)
UNDERLYING TO CAUSE OF DEATH.	1537 Leslie Street	1501
DIING LI CAUSE OF DEATH.    Home   22D. TIME (Month) (Doy) (Year) (Hour)   22E.INJURY OCCURRED	22F. HOWDID INTIPY OCCUP?	
OF INJURY (APPROX.) 8 24 72 P.m. WHILE AT NOT AT W	while shot by unknown assailant	ts
23.	ON E	
I certify that I held an Inquiry Inspection Au	topsy and that on this basis, death in my opin	nion
resulted from: Natural causes Accident Suicid	le Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL GIG Mulloy	ASSISTANT MEDICAL EVAMINED	DATE SIGNED
SIGNATURE M.D		8-25-72
EXAMINER'S NAME (Type) William P. Mulloy, M.D.	ASSOCIATE MEDICAL EXAMINER	
24A BURIAL CREMATION, 124B DATE 124C NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or	county) (Stote)
REMOVAL (Specify)		
Burial 8-28-72 Mt. Auburn 25A, DATE REC'D BY HEALTH DEPI. 125B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR TO DO ADDRI	ECC
ALLOND STATES AND AND STRAK	25C. FUNERAL DIRECTOR V. Bailey	23
AUGES 1912 Decryphyloson	. Kelson F.H. 1348 Calhon	in St.
VS 151-REV. 1/1/68	9 6 0 0	



VS 151-REV. 1/1/68

						STATE OF MAR	RYLAND-D	HMH				
27		1	72 08	3208	3	BALTIMORE CITY HE	ALTH DEPAR	TMENT			72 0	2202
111.	-620	1				A MAINIED'S	EDTIE	CATEO	E DEAT	ш	120	0200
DIRTH NO	W.	T	MED	ICAL	. E/	CAMINER'S	EKTIFIC	CATEO	FULAT	REG. N	0	
I. NAME		EASED					2, DATE	Known 🔼	Month	Day	Yeor	Hour
(Type or Pr	rint)	LAULD	Beatr	ica N	lare	hall	OF	Estimoted [	- 0	25	72	7:40A.
4 PLACE	IN BALT	IMORE, MA				UNCED DEAD	DEATH 3. DATE	20111101101	Month	Day	Yeor	Hour
						N, GIVE STREET		INCED DEAD	8	25	72	7:40 A
FULL NAME HOSPITAL OR INSTITU	TION	ÀDDRI	ESS OR LOCAT	ION)			5 HEHAI DE	SIDENCE (Wh				before admission)
0 2	>	1928 I	ennsyl	vania	ı Av	renue	A. STATE		ere decedied ii	B. COUNT		40
/ eev		7. RACE					C. CITY OR	iaryland	<del>-1,</del>	ID INCIDE	CITY LIMITS?	10-
6. SEX						NEVER MARRIED				D. HASIDE		
Fema		Negr		WIDOV				altimore	5		YES X	ио 📙
9. DATE C			10. AGE (In	years		der 1 Yr. If Under 24 Hrs. hs   Days   Hours   Min.	E. SIKEEL A	ND NUMBER				
0-0	-97		12					.928 Penr	nsylvani	a Aven	ue	
11, BIRTHP		tote or foreig	gn country)			ITIZEN OF	13. FATHER'	SNAME				
	Mo				-	HAT COUNTRY?	Wm.					
14A.USUAL	OCCU	ATION (GA	re kind of work i	4B. KIND	OF B	USINESS OR INDUSTR			AME			
done dorning	, moster w	orking majer				1	Eliz	abeth				
16. WAS D	ECEASE	D EVER IN	U.S. ARMED	FORCES	5?	17. SOCIAL SECURITY NO.	18. INFORM	/>		4 10	ADDRESS	
(1 es, no or t	1O	(it yes, give	wor or dotes	of service	,	SECORITI NO.	Alice	Queen	192	8 Peni	nsylvar	nia Ave
19.	1.0	4				CAUSE OF DEA	TH					PROXIMATE INTERV
1	DICEACE	ORCONE	TION DIREC	TIV								
		EADING TO				(A)IMMEDIATE C	Alice Art	erioscle	erotic c	ardiov	ascular	
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inju	ry or com	plicotion whi	c. It means the ich coused dea	ih.)					a I I	,cabc		
	AN	ITECEDENT	CALICEC			400						
DIS		R CONDITI		GIVING		DUE TO, OR	AS A CONSEC	QUENCE OF:				
RISE	TO THE	ABOVE CA	ONS, IF ANY	ING THE								
Z	DEREITI	- CONDI	1011 2201,			(c)						
CERTIFICATION OIL	ED CICN	ECANTCO	II NDITIONS CO	NITOIRE	TING							
01	THE DEA	TH BUT NO	T RELATED TO	THE TERM	UNAL							
DIST			GIVEN IN PA			WHICH OPERATION W	AS DEDECTOR	ED			21 AUTO	PSY? (Yes or No
8	JAIL OI	OI EXAMO	14 200. CO.	10111014	FOR	WINCH OF EXAMON W	TENTONIN					
	EVYCDA	IAL CALICE	14/A.C.		220 0	LACE OF INITIDY	la as about 2	2C WHERE DI	D. /II to Belstere	on City of the		No
UNDE	RLYING	MAL CAUSE OR CON USE OF DE	ITRIB-		home	LACE OF INJURY (e.g., farm, loctory, street, office	e bldg., eic.)	NJURY OCCUR	? (ii iii bainima	re City, give	exact rocation;	
∑ 22D. OF IN		Month) (	Doy) (Year	) (Hou		E.INJURY OCCURRED		2F. HOW DID	INJURY OCC	UR?		
(APPR					m. W	HILEAT NOT	VORK					
23.				,								
	1 certi	Ify that I I	eld on l	nquiry			topsy	and that or	this basis,	death in n	ny opinion	
	result	ed from: 1	latural cau	ses X	A	celdent Suicie	de Ho	omicide 🗌	Undetermi	ned manne	er 🗌	
			01/	DI	2.	.001		CHIEF MEDICA	LEXAMINER			DATE SIGNED
	ACTUAL	IRE	IN	9	166	elloy M.	ASSI:	STANT MEDICA	L EXAMINER	K.		
	XAMIN	ER'S			Uh	1		CIATE MEDICA	L EXAMINER			8-25-72
	VAME (T	ype) [		P. 1		Loy, M.D.						
24A. BURI REMOVA	AL CREAL (Specif	AATION,	248. DATE		240	C. NAME of CEMETERY	or CREMATO	DRY 24	D. LOCATION	(City, to	own, or county	) (State)
Buri			8-29-	-72		Arbutus Me	m. Par	k	Baltim	ore, M	d.	
25A. DAT	E REC'D	BY HEALTH	DEPT. /	. 25B. N	IAME	OF REGISTRAR	25C. I	UNERAL DIRE	CTOR V.B	ailey	ADDRESS	
8	4UG2	8 197	2 75	- Lysa	M	Morton	Kel	son F.	H. 13	48 Ca	lhoun	Street
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## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

			BALTIMORE CITY	HEALTH DEPARTMENT	פירי	68200
320		0820	9 CERTIFICA		REG. NO.	OF MARYLAND-DHIM
Print)		TER				
E IN BALTIMO	RE, MARYLAND, W			4. USUAL RESIDENCE (Wh	ere deceased lived. If	
L OR	ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET		D. IN	SIDE CITY LIMITS?
Vet	eran sAdmini	Istratio	on Hospital	Baltimore		YES NO
			21218	E. STREET AND NUMBER 2105 Dukeland	St	
6. R/	ACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	ff Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
		and the second second		6/18/16	56	
				4.4		12. CITIZEN OF WHAT COUNTRY?
ER'S NAME				14. MOTHER'S MAIDEN NA	ME	
ip Hodg	е		100	Kate Rogers		
Deceased Ever unknown) (If y	in U. S, Armed Formes, give wor or date	ces? s of service)	16. SOCIAL 3812 SECURITY 3812	CLIN RCDS, VAL	erine Hodg	ge ADDRESS same
ANTE  ASES OR (  In the old  DERLYING CO  ER SIGNIFICAN HE DEATH BUT  ASE OR COND  DATE OF OPE  NONE  ACCIDENT WE  CONTRIBUTING  If (notify med)	DING TO DEATH nean the made of enia, etc. It means tilian which caused ECEDENT CAUSES CONDITIONS, if bave cause (A) DINDITION last.  II IT CONDITIONS CO. IT NOT RELATED TO TILITION GIVEN IN PAR RATION 19B. CON WAS PERI  (AS UNDERLYING COLUMN CAUSE OF icol examiner)	dying, e.g., the disease, death.)  any, giving stating the   NTRIBUTING HE TERMINAL TOTAL	DUE TO, OR AS  CHR  (B)	A CONSEQUENCE OF:  ONIC OBSTRUCTIV  MONARY DISEASE  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or N  NO  n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(I) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?  Dre City, give exoct location)
haur and fro SIGNATURE PHYSICIAN'S NAME (Type)	be saw the decease of the causes state of the causes state of the causes state of the causes of the cause of the cause of the causes of the cause of t	ted above. (I	August 26 MK (We) (did)XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	nding Med. Director  BADDRESS  VA HOSPITAL, B.	Stoff K  ALTIMORE, M	238, DATE SIGNED 8/26/72
	ME OF LOR 390 Bal.  AL OCCUPATION  AL OCCUPATION  BALTIMO  C. R. S. NAME  ID Hodg  Poccessed Ever unknown) (If y  DISEASE OR CO.  ANTE  ASES OR C.  In the all of the	OF DECEASED  IN BALTIMORE, MARYLAND, W  ME OF ADDRESS OR LOCA  ON Veteran SAdmini  3900 Loch Rave  Baltimore, May  6. RACE  NECHOID  AL OCCUPATION (Give kind of work  g most ol working life, even if retired)  ILER  R'S NAME  ID Hodge  Poccessed Ever in U. S. Armed For  unknown) (If yes, give wor or date  WW II  DISEASE OR CONDITION DII  LEADING TO DEATH  does nal mean the made of  failure, asthenia, etc. It means  or camplication which caused  ANTECEDENT CAUSES  ASES OR CONDITIONS, if  la the abave cause (A)  DERLYING CONDITION last.  II  R SIGNIFICANT CONDITION I ast.  II  R SIGNIFICANT CONDITION I TO TELATED I O TA  SEE OR CONDITION I TO TELATED I OT TA  SEE OR CONDITION GIVEN IN PASSE OR CONDITION I TO TELATED IN TO  DATE OF OPERATION 198. CON  NONE  ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF  H (notify medicol examiner)  TIME (Month) (Day) (Year)  HUNCH (Month) (Day) (Year)	OF DECEASED  IN BALTIMORE, MARYLAND, WHERE PRONOF  IN BALTIMORE, MARYLAND, WHERE PRONOF  ME OF	THE BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  ME OF	AUSUAL RESIDENCE (WE)  AUSUAL RESIDENCE (WE)  A. USUAL RESIDENCE (WE)  A. STATE S. COU  ME OF	The HODGE CHESTER  IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD  ME OF ADDRESS OR LOCATION!  Weteran SAdministration Hospital 3900 Loch Raven Blvd  Baltimore, Maryland  21218  S. RACE  MEGBOTD  N. Occupation/Give Lind of west 108, kind of 805/18816  Will Strand of West 108, kind of 905/18816  Will Strand of West 108, kind of 905/18816  Will Strand of West 108, kind of 905/18816  BETH. STEEL  IN North Carolina  ILER NAME  LE HODGE  LE NEGBOTD  N. Occupation/Give Lind of west 108, kind of 805/18816  S. RACE  IN MARKED DIVORCE OF 6/18/16  S. RACE  IN MOWED DIVORCE OF 6/18/16  S. RACE STREET AND NUMBER  2.05 Dukeland St  IN APPLICATION OF BUSINESS OR INDUSTRY IN INTERPRETATION OF BUSINESS OR INDUSTRY IN INDUS

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 8 TNES 4. USUAL RESIDENCE (Whose deceased lived, If institution: residence before admission)
A. STATE B. COUNTY 3. PLACE IN BALYIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOY IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) BATTAMORE HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? YES 🔀 NO E. STREET AND NUMBER ONTE BEZLO STATE 5. SEK 6. RACE 7. MARRIED NEVER MARRIED 9. AGE (In veors If Under 1 Yr. Il Under 24 Hrs. lost birthdoy WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IND STRY 11. BERTHPLACE (Stole or loreign 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired! GA. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME EDRGE MINES 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown! (II yes, give wor or dotes of service) SECURITY NO. 717-40-8851 XEISTERSTOWN 020 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE CARDITIC + REPIRATORY PARKETS (This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Tes or No) 20B. IF TES, WERE FINDINGS CONSIDERED SMALL BOWEL IN CERTIFYING CAUSES OF DEATH? t-STULA 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) MEDICAL DEATH (notify medical examined) etcJ 21 D. TIME (Month) (Doyl (Year) (Hour) 21E INJURT OCCURRED 21F. HOW DID INJURT OCCUR? OF INJURT While At Not While (APPROXI Work At Work 22. I certify that (I) (this hospital) attended the deceased from 8719 that (1) (we) last saw the deceased alive on and that in(my) ((aur) pinian death accurred an the date and hour and from the causes stated above. (1) (We) (did) Laid nat) view the body after death. 23A. SIGNATURE 238. DATE SIGNE Attending -Med. Director Phys. 23C. PHTSICIAN'S 23D. ADDRESS NAME (Type) DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERT OF CREMATORT REMOVAL (Specify) 24D. LOCATION (City, town, or county) (Stote) decease 25B. NAME OF REGISTRAL 25C. FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/68

5/5/71 5/3 Glenwood 2/2/2

of death (4) Undetermined cause; (5) Deceased on th hospital attendance contributing cause 0 prior in regular disposition is ma deceased death MOS the death attendance on or final any pronounced embalmed fracture of regular are where the physician obtained before the remains (6) No physician was any nature; (2) Body to the hospital approved (except and death); of a hospital

he body was released hows: (1) An accident

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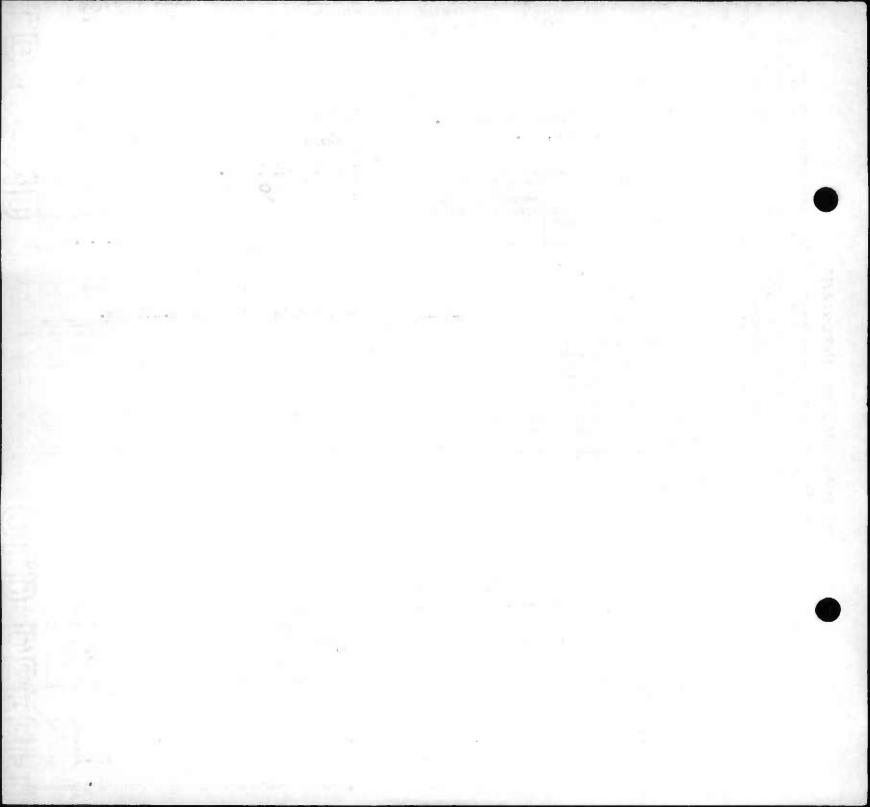
D.O.A.

72 (8211 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. OF MARYLAND-DHIM I. NAME OF DECEASED (Type or Print) DUKES AUG. 23/72 JOHNNIE 10:35 AM. M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
A. STATE
B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? BALTIMORE YES 🕝 NO LUTHERAN HOSPITAL E. STREET AND NUMBER 906 WARWICK AVE 5. SEX 6. RACE 9. AGE (In years Il Under 1 Y. Months! Doys Il Under 24 Hrs. MARRIED NEVER MARRIED WID OWED V DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LAWRENCE 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or doles of service) 6. SOCIAL SECURITY NO. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CARDIO RESPIRATORY (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenio, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) MEDICAL DEATH (notify medical exomined 21 D. TIME OF INJURY (Month) (Doy) (Hough 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) At Work 22. I certify that (1) (this hospital) attended the deceased fram 19 7 2 and that in (my) (our) opinion death occurred on the date that (i) (we) lost saw the deceased alive on. and hour and fram the causes stated above. (1) (We) (did) (did nat) view the body after deoth. 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Phys. 23C. PHYSICIANS NAME (Type) 23D. ADDRESS MU RUBEN 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (Stote) 25C. FUNERAL DIRECTOR

## FUNERAL DIRECTOR: IMPORTANT

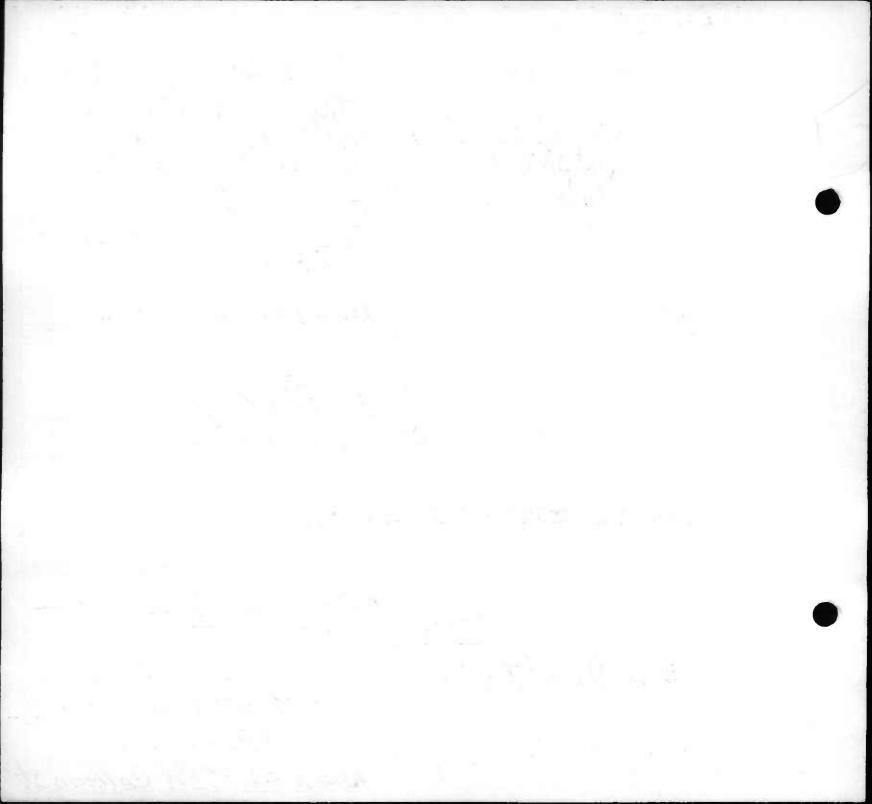
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

4 3 116 130 130		HEALTH DEPARTMENT		08212
	2 CERTIFICA	TE OF DEATH	RESTATE OF	MARYLAND = DHAR
1. NAME OF DECEASED Hatfield	me Kusley	2, DATE AND	DHOUR OF DEATH	21 1. 45
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where	e declased lived, if institu	tion: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION 105PITAL OR INSTITUTION 2000 SPI DETAILS NHE 12	HT AVE	Maryland c. City or town	To intense	CITY LIMITS?
Prowder for		Baltdings		is NO
39 From alus - Do	P	1915 Ridgehill	Ava	
5. SEX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		. AGE (In years	Under 1 Yr. II Under 24 Hrs. onths Doys Hours Min.
tOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		2. CITIZEN OF WHAT COUNTRY?
		Alabarda		U.S.A.
Geo. Hatfield		14. MOTHER'S MAIDEN NAM	Smith	
15. Wes Deceased Ever in U. S. Armed Forces?	1 6 SOCIAL	17. INFORMANT	: OILL CIT	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Robert Hatfield	1015 Pddcah4	11 Ave
18. 16.2.1	218-40-4595 CAUSE OF DEAT	H ROBERT HACITEIG	1915 Kidgeni.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Bronch	logenic car	cinoma m	ithe netastan
lThis does not mean the mode of dying, e.g., heart failure, osthenia, etc. II means the disease,	A INVINEDIMIE ON	ISE // A CONSEQUENCE OF:	***************************************	-10-910091
injury or complication which caused death.)				
ANTECEDENT CAUSES	(8)	A CONSEQUENCE OF:		************************************
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)	A CONSEQUENCE OF:		
- 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	VHICH OPERATION	20A. AUTOPSY? IYes or No.	20B. IF YES, WERE FIND IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF CEACH (notify medical examiner)	e, farm, loctory, street, of	n or about 21C. WHERE DID	(if in Boltimore Ci	ty, give exact location)
S OF INJURY	INJURY OCCURRED  le At   Not White	21F. HOW DID INJU	RY OCCUR?	
TAPPROX.)	k L At Work	2 /0	0	9 - 72
22. I certify that (i) (this hospital) attended the that (i) (we) last saw the deceased alive an	ne deceased from		1/2100	-26 19 /2
and hour and from the causes stated above. (1	7		in (my) (our) opinior	death accurred an the date
23A. SIGNATURE OLD A			231	L DATE SIGNED
Membagu	DEGREE Phys		hys.	8/25/1
23C. PHYSICIAN'S V. Chitrap	1ee_ DEGREE	23D. ADDRESS Procui	dent Hong	
REMADVAL (Specify)	t. Calvery		timore, Md.	own, or county) (Stote)
	Chearling .	25C. FUNERAL DIRECTOR		A DDRESS
AUG2 8 1912 / 7	6 (2 ))	Kelson F.M.	1348 Calh	oun St.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

E-163  BALTIMORE CITY HEALTH DEPARTMENT  72 08213
BIRTH NO. CERTIFICATE OF DEATH OF MARYLAND DHMH
(Type or Print) JESSIE MAE EVERETT 2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased liged, If institution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION C. CITY OR TOWN INSTITUTION OF LIMITS?
unulying of Maryand Baltimore NES W NO W
Hospital 1641 Dabelinry Court 1500
5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (19 years   11 Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
10A. USUAL OCCUPATION (Give find of wark 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S NAME
Lula mark
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na prunknown) (II yes, give war or dates af service)  16. SOCIAL SECURITY NO.
18. CAUSE OF DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not meen the made of dying, e.g., heer loilure, asthenia, etc. it means the disease.
ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) stelling the
UNDERLYING CONDITION last. (c). Co was the condition last.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 1 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21Af A CCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or about 21C, WHERE DID
DEATH (notify medical examine) etc.)
21D. TIME (Manthi (Day) (Year) (Hauri 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Nat While
22. I certify that (1) (this hospital) attended the deceased from 1-1-12-15 to 2-26-12-19
that (i) (we) last saw the deceased alive an 8-26 19 12 and that in (my) (von) aplaian death occurred an the date
and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.  23A. SIGNATURE:  23B. DATE SIGNED
B. W. Manulan Malegree Phys. Med. Stoff Director Phys. Stoff Director Phys. 123C, PHYSICIAN'S
MAME (Type)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. OCATION (Gry, town, or county) (State)
25419 N 285 9 97 MALTH DEET LAND BANKE PRINTER 25C. FUNERAL DIRECTOR (2 POLICE ) ADDRESS
VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/6B

1/		BALTIMORE CITY	HEALTH DEPARTMENT		72 08214
BIRTH NO.	72 08214	CERTIFICA	TE OF DEATH	REG, NO	OF MARYLAND DHMH
1. NAME OF DECEASED (Type or Print) KOUNE.		INICK.		AND HOUR OF DEATH	
3. PLACE IN BALTIMORE MARYLA	ND. WHERE PRONOUNCE	F * *			institution: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS O	HOSPITAL OR INSTITUTION		1741 FLE	ET ST 21	Contract of the Contract of th
1142111011014			C. CITY OR TOWN		SIDE CITY LIMITS?
SINAI HOSPITA	L OF BAI	LITTOKE	BALTIMOR E. STREET AND NUMBER	E,	YES NO
BELVEDERE AT	GREENSPRI	NE BAL.	1741 FLE	ET St.	
5. SEX 6. RACE	WIDOWED	NEVER MARRIED DIVORCED	7 -26-08.	9. AGE (In years last birthdoy)	If Under 1 %. If Under 24 Hi Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind done during most of working life, even it	of work 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country!	12. CITIZEN OF WHAT COUNT
tone during most of working life, even it i	WALLM		Madella.	, 1	21 6
13. FATHER'S NAME	WITCH	outh	14. MOTHER'S MAIDEN N	AMF	19.5.
1					
	OUNESK	SOCIAL	UNKNOWI	V	
Yes, no or unknown) (II yes, give wor	or dotes of service)	SECURITY NO.			ADDRESS
YES W.W. 3	II		MARY KOUN	ESKI 36	12 COUPTLEY DI
18.3 / 9, 9 1		CAUSE OF DEATH	/		APPROXIMATE INTERVAL BETWEEN ONSET AND, DEAT
DISEASE OR CONDITION LEADING TO D					DET THE TOTAL AND DEAT
(This does not mean the mo			SE CARDIAC	ARKEST	
heort failure, asthenia, etc. II	meons the diseose,	DUE TO, OR AS	CONSEQUENCE OF:	WILLAK FIBE	11 1 ATMAN
injury at complication which c			7 6/4//	-007/1////////	~ 2/7/10/9
ANTECEDENT CA		(B) //	A CONSEQUENCE OF:	NIFARCTION	'·
DISEASES OR CONDITIONS	, if any, giving				
UNDERLYING CONDITION IS	st.	(c) TRA	OPAEL STENOS	15	
11					
OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING				1000
TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN	IN PART 1 (A).	*****************	***************************************		
	IS PERFORMED TRACI	CH OPERATION YAEL STENOS,	S. NO	10 CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE CO DEATH (netify medical examined)	ING 21B. PLA home, letc.)	CE OF INJURY (e.g., in arm, lactory, street, old	or obout 21C. WHERE DID	(II in Boltimo	re City, give exact location)
21D. TIME (Month) (Doy)	(Year) (Hour) 21E INJ	URY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
OF INJURY	While A	Not While			
22 1	Wark		L	90 W	4.6
22. I certify that (1) (this ho		-	3-//	19 72 to 8 -	17
that (i) (we) last saw the de			19.42 and 1	hat in (my) (our) op	Inlan death accurred an the da
and have and from the cause	s stated above. (1) (W	e) (did) (did not) vi	ew the body after death	•	
Narony grains	ch4, 12.0	Atter	ding [7] Med. [7]	Staff .	238, DATE SIGNED 8-25-72
23C. PHYSICIANES	74)	DEGREE Phys.	Director L	Stoff Phys.	8-23 /
NAME (Type) ARONG	SIRISABYA		30. ADDRESS 91 NA/ HO3P1 BELYEDBLE	TAL OFBA	LTHORE BAL. M
24A. BURIAL CREMATION, 24B. DA	TE 24C. NAME	el CEMETERY et CRE		LOCATION (C	ily, lown, or county) (State)
BURIAL 8-3	19-72 Holy	Rosan Ce	metern /	Dundalk	MS.
AU628 1972	25B NAME OF R	X-	25C. FUNERAL DIRECTO	R / . / .	ADDRESS

6-41-11-12-15

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		175	0.082	15 BALTIMORE CIT	Y HEALTH DEPARTMENT		72 08215
212		4 /	- 00~	CERTIFICA	TE OF DEATH	REG. NO	TARVE AND DENNE
-	TH NO.	EASED			2. DATE	AND HOUR OF DEAT	TE OF MARYLAND-DHACE
	oe or Print)	Mabel S.	Weibe			3-20-72	8:05 A M.
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W		institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			Maryland c. City of TOWN	DAL-	ASIDE CITY LIMITS?		
	NOITUTIE				Luthervill		YES NO X
	Go	uld Nursing	g Home		E. STREET AND NUMBER		
					1207 York		
	emale	White	7- MARRIED WIDOWED	DIVORCED	Mer. 23, 1885	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
					11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
done Thorage werifing life, even if relired) at home		Maryland USA					
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME			
	John	William Tay	lor		Eva Mary	Strauss	
15. (Ye	Wos Deceosed	Ever in U. S. Armed Ford	es? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	71	2715 North Charle
	no		219	58 5920	Mrs Edna V	. Spellman	
DICAL CERTIFICATION	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. ACCIDE OR CONTRIBL	DEE OR CONDITION DIR LEADING TO DEATH not meen the mode of osthenio, etc. It meens application which coused ANTECEDENT CAUSES OR CONDITIONS, if o obove couse (A) CONDITION lost.  II CICANTCONDITIONS COI H BUT NOT RELATED TO THE OPERATION TO THE TO THE OPERATION	dying, e.g., the disease, death.)  ony, giving stating the  NTRIBUTING IE TERMINAL († (A). DITION FOR 10 ORMED	(B) Central  OUE TO, OR A  (C)	USE Althroselan A CONSEQUENCE OF:  The Left Ly se  20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID Office bidg., INJURY OCCUR?	(If In Boltin	Show Well down - 3 who was a state of the st
ME	OF INJURY	(Month) (Doy) (reon		ile At C Not Whi	ile 🗖	NJURY OCCUR?	
	(APPROX.)		Wo	rk L At Work	4/1/	2)	6/3//
	ond hour one 23A. SIGNAJU 23C. PHYSICIA NAME (I	IN B BI	ed obove. (	D.	ending Med. Director V3D. ADDRESS	that in (my) (aux) a	pinion deoth occurred on the dote  238. DATE SIGNED  8/26/72  21206
244	BURIAL CRE	MATION, 248, DATE	24C. N.	AME of CEMETERY OF CE		LOCATION	(City, town, or county) (State)
	Buria		72 L	oudon Park	Cemetery E	altimore ]	Maryland
25#		AUG28 1972	25B. MAME (	OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
VS	150-REV: 1/1/		Mas	mynt	Bellimore	Maryland	ololo
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GOSTS Head Atellia COSA

And a second of the late of the second of Long to be and a constant that C. C. Wolford 'B. Junesen

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMODE CITY HEALTH DEDADTME	
BALTIMORE CITY HEALTH DEPARTME	NT

2 08216 CERTIFICATE OF DEATH

PEG	NO	72	08216
MEG.	STRATE	OR	MARYLAND-DEME

DIKITI NO.	STATE OF MARYLAND-DHMH		
1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DECEASED (Type or Print)  Aug. 23, 19	72 7 P M.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased liver A, STATE B, COUNTY	d. If institution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A 5		
Pasadena	YES NO X		
US Public Health Service Hospital  E. STREET AND NUMBER			
X 3100 Wyman Parkway Box 509A Rt 6 Rock I			
5. SEX 6. RACE Caucasian 7. MARRIED NEVER MARRIED 9. AGE (In years) WIDOWED XX DIVORCED 9/21/83 9. AGE (In years) 10st birthdoy) 88	Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?		
Retired US Coast Guard Norway	USA		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
John Gabrielsen Elizabeth Golaxon			
15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) III yes, give war or dates of service)  16. SOCIAL  17. INFORMANT  17. INFORMANT	ADDRESS		
Yes CG 1905-1938 218-18-0166 Records- US PHS Hospit			
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH		
LEADING TO DEATH  (A) IMMEDIATE CAUSE  Probable acute myo	cardial Terminal		
(This does not mean the made of dying, e.g., heart followed to be injury or complication which coused death.)			
ANTECEDENT CAUSES Ischemic heart disease	10 yrs.		
DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:			
rise la lhe obave cause (A) slaling lhe UNDERLYING CONDITION last. (C)			
Diabetes mellitus	2 yrs.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  Necrobiosis right foot	3.wks		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  1994. DATE OF OPERATION 1995. CONDITION FOR WHICH OPERATION WAS PERFORMED 100 110 1214. ACCIDENT WAS UNDERLYING 1 1218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 111 to 8	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?		
	oltimore City, give exact location)		
OR CONTRIBUTING CAUSE OF home, farm, foctory, street, office bldg., INJURY OCCUR?			
DEATH (notify medical examinet)  Q 21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  While At [] Not While []	A SECOND RESIDENCE		
(APPROX.) While At Not While At Work			
The second secon	Aug. 23 19 72,		
	r) apinian death accurred on the date		
and haur and from the causes stated above. (1) (We) (dld) (did) view the body after death.			
23A. SIGNAT/9// / / /	23B. DATE SIGNED		
Attending Med. Staff			
23C. PHYSICIAN'S  23D. ADDRESS  23D. ADDRESS	8/24/72		
23C. PHYSICIAN'S NAME (Type) Howard S. Weldon SA Surgeon US PHS Hospital, Bal	8/24/72		
DEGREE Phys. Director Phys. All Director Phys. All Director Phys. All Phys. All Director Phys. All Phys. A	8/24/72		
DEGREE Phys. Director Phys. All Director Phys. All Director Phys. All Phys. All Director Phys. All Phys. A	8/24/72 to, Md. (City, town, or county) (Stote)		

RGB

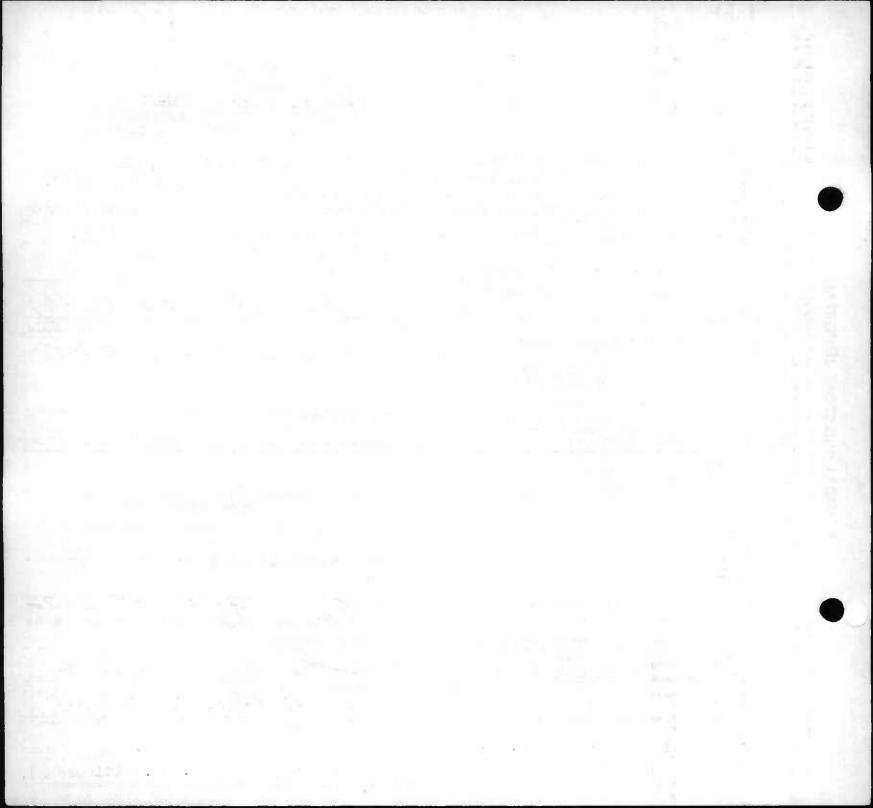
Appropriate the Control of the Contr minimal design to be seen that the second of Lower L. Markey Art Street and the control of the c

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third amanda raggers, which specimen also as a second size of

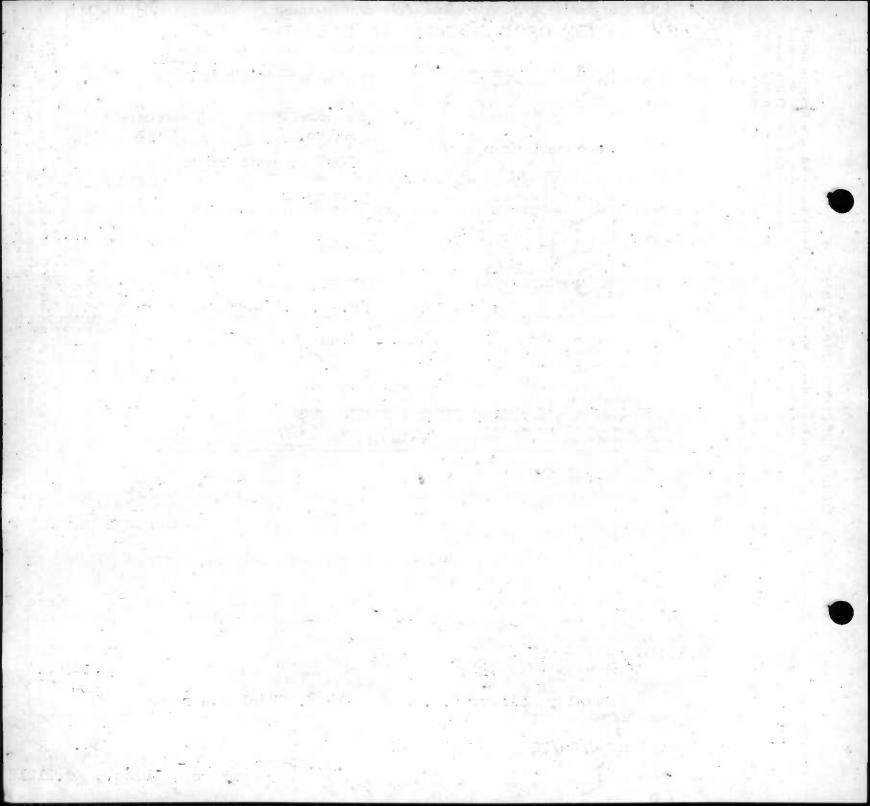
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72 US217 CERTIFICATE OF D	ARTMENT MODEL TO THE PART OF T	
	DEATH STATE OF MARYLAN	D-DHMH
BIRTH NO.  1. NAME OF DECLASED (JAMES WILLIAM BRADBURN)  (Type of Print) DRA OBJECT  (	2. DATE AND HOUR OF DEATH  AUG 24 1872	5 P 45
3. FLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RES	IDENCE (Where deceased lived, If institution; residence before B. COUNTY	ore odmission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TO	PYLIND BAST	02
14-14 BAL	- 11 MOIR 2/2/8 YES - NO	
UNION MEMORIAL 1713	WINDEHEKE NE	
5. SEX 6. RACE 7. MARRIED 4 NEVER MARRIED 8. DATE OF BIL	RTH 9. AGE (in years II Under 1 Yr. II Months! Doys Hou	Under 24 Hrs.
$\mathcal{A}$   WIDOWED   DIVORCED   $\mathcal{O}\mathcal{A}-15$	-97 75	
done during most of working life, even if refired)	E (Stote or foreign country) 12. CITIZEN OF WH	AT COUNTRY?
ACCOUNTANT ACCOUNTANT MAK	YLAND US	4
	MAIDEN NAME	
JOSEPH Bradburn 1/16	NESS GOII	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give war or dotes of service)  No. 216-10-3859  E. 7/6	ELMBRAD BURN Cu	IFF)
18. A CAUSE OF DEATH		ATE INTERVAL
Target and a service most program in		16
	EBRALTHROUBOSIS 82	41/3
This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE	E OF:	
heart failure, asthenia, etc. it means the disease,		
heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES		***************************************
heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the		90000000000VI
heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last.  (b)  DUE TO, OR AS A CONSEQUENT (C)		-
heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last.  (C)		
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heart failure, astheria, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OFERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21A. ACCIDENT WAS UNDERLYING 1AUSE OF DEATH (notify medical examined)  21A. ACCIDENT WAS UNDERLYING 21A. FLACE OF INJURY (e.g., in or obout 21C. thome, form, foctory, sheet, office bidg., INJURY (e.g., in or obout 21C. thome, form, foctory, sheet, office bidg., INJURY (e.g., in or obout 21C. thome, form, foctory, sheet, office bidg., INJURY (e.g., in or obout 21C. thome, form, foctory, sheet, office bidg., INJURY (e.g., in or obout 21C. thome, form, foctory, sheet, office bidg., INJURY (e.g., in or obout 21C. thome, form, foctory, sheet, office bidg., INJURY (e.g., in or obout 21C. thome, form, foctory, sheet, office bidg., INJURY (e.g., in or obout 21C. thome, form, foctory, sheet, office bidg., INJURY (e.g., in or obout 21C. thome, form, foctory, sheet, office bidg., INJURY (e.g., in or obout 21C. thome, form, foctory, sheet, office bidg., INJURY (e.g., in or obout 21C. thome, form, foctory, sheet, office bidg., INJURY (e.g., in or obout 21C. thome, form, foctory, sheet, office bidg., INJURY (e.g., in or obout 21C. thome, form, foctory, sheet, office bidg., INJURY (e.g., in or obout 21C. thome, form, foctory, sheet, office bidg., INJURY (e.g., in or obout 21C. thome, form, foctory, sheet, office bidg., INJURY (e.g., in or obout 21C. thome, form, foctory, sheet, office bidg., INJURY (e.g., in or obout 21C. thome, form, foctory, sheet, office bidg., INJURY (e.g., in or obout 21C. thome, form, foctory, sheet, office bidg., INJURY (e.g., in or obout 21C. thome, form,	PSY3 (Yes or No.) 208, IP YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?  WHERE DID (II in Bultimore City, give exect locat	
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heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  199. ADATE OF OPERATION 198. CONDITION FOR WHICH OFERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 20A. AUTOI WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21A. CONTRIBUTING CONTRIBUT	PSYZ (Yes or No.) 20B, IP YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?  WHERE DID (II In Bultimore City, give exact locater of the process of	19 <b>7.2</b>
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heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHICH OFERATION WAS PERFORMED  21A- ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21A- ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21B- FLACE OF INJURY (e.g., in or obout 21C. 1 home, farm, factory, street, office bidg, INJURY OF DEATH (notify medical examined)  21B- FLACE OF INJURY (e.g., in or obout 21C. 1 home, farm, factory, street, office bidg, INJURY OF DEATH (notify medical examined)  21B- FLACE OF INJURY OCCURRED While At Work At Work At Work 1 Not While At Work 1 Not While At Work 1 Not Work 1	PSY? (Yes or No.) 208, IP YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?  WHERE DID (II In Baltimore City, give exoct locater of the property of t	19 <b>7.2</b>
heart failure, astheria, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OFERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 10B. CONDITION FOR WHICH OFERATION 19B. CONDITION F	PSY? (Yes or No.) 208, IP YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?  WHERE DID (II in Baltimore City, give exoct locater occurs)  19 22 ta 8 - 2 4  and that in (my) (aur) opinian death accurrent after death.	19 <b>7.2</b>
heart failure, asthenia, etc. If means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, If any, giving the UNDERLYING CONDITIONS (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OFERATION WAS PERFORMED WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical exomined etc.)  21D. TIME (Monith) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work At Work At Work  22. I certify that (It) (this hospital) attended the deceased from that (I) (we) last saw the deceased dilye on 19 70 and haur and from the causes stated above (II) (We) (did) (did nat) view the bady 23A. SIGNATURE  Attending Phys.  23D. ADDRESS NAME (Type)	PSY? (Yes or No.) 208, IP YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?  WHERE DID (II In Baltimore City, give exoct locate of the property of the state of the property of the property of the state of the property of the prop	19 <b>7.2</b>
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heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OFERATION 20A. AUTO WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (mostly medical examined etc.)  21A. ACCIDENT WAS UNDERLYING Home, footory, sheet, office bldg, linjury of contributing CAUSE OF DEATH (mostly medical examined etc.)  21D. TIME (Monih) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Work At CREMATION, 24R, DATE 24C, NAME of CEMETERY of CREMATORY At CREMATION, 24R, DATE 24C, NAME of CEMETERY of CREMATORY At CREMATION, 24R, DATE 24C, NAME of CEMETERY of CREMATORY AT A CREMATION, 24R, DATE 24C, NAME of CEMETERY of CREMATORY AT A CREMATION.	PSYZ (Yes or No.) 20B, IP YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?  WHERE DID  (II In Baltimore City, give exoct locate the control of the	19 72 I on the date  (Stote)

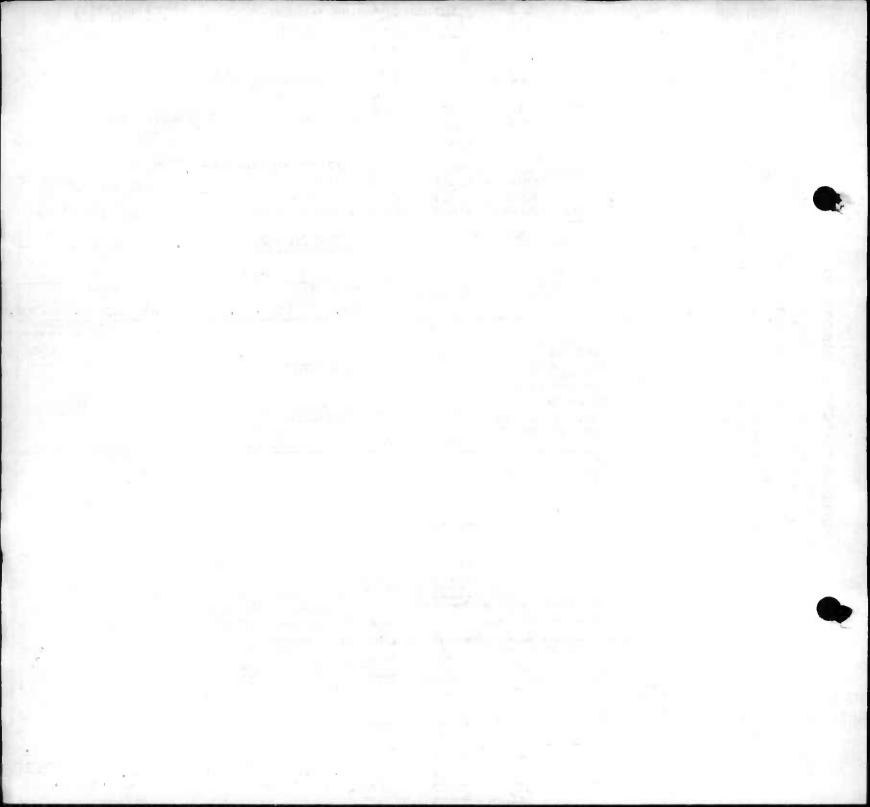


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be approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death tof any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease it al (except where the physician who pronounced death was in regular attendance on the ath); and (6) No physician was in regular attendance on the deceased prior to death. Such it be obtained before the remains are embalmed or final disposition is made.	
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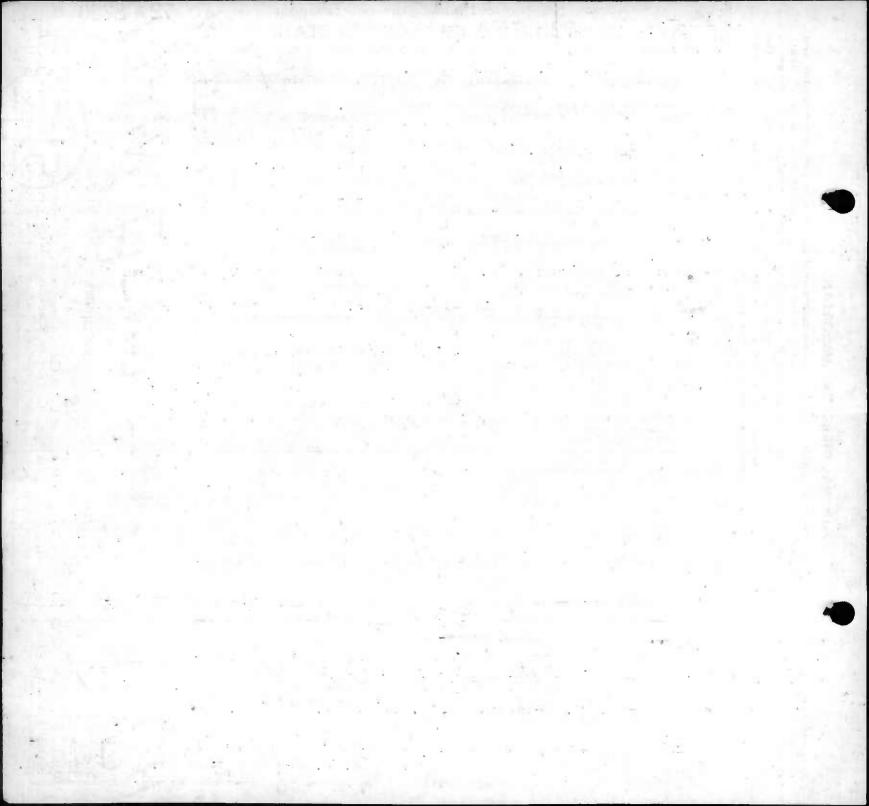
1/		BALTIMORE CITY	Y HEALTH DEPARTMENT	72 (18218
8-450 BIRTH NO.	72 082	18 CERTIFICA	TE OF DEATH REG. 1	NO. NO. MARYLAND DUNN
I. NAME OF DEC	EASED		2. DATE AND HOUR OF	DEATH
(Type or Print)	Miss Wanda	Anna Klein	Aug. 25,	1972   2:00 P. M.
3. PLACE IN BAL	TIMORE, MARYLAND, WHERE P	RONOUN CED DEAD	A. STATE B. COUNTY	ved. Il institution: residence before admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Md.	102
INSTITUTION	, , , , , , , , , , , , , , , , , , ,		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
001	007 Argonne Dr	ive	Balto.  E. STREET AND NUMBER	YES NO
			1007 Argonne Dri	ve
5. SEX	**	RRIED NEVER MARRIED DIVORCED	8, DATE OF BIRTH 9. AGE (In yellost birthdoy) 80	ors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemak		wn Home	New York	U.S.A.
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	1 5 64
	Kl	ein	Caro	der
	Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	ADDRESS
No	Till yes, give wor or doles of ser	vice) SECURITY NO.	Mr. R. C. Garrison	n (Same)
OTHER SIGNIF TO THE DEAL DISEASE OF COLUMN OF THE DISEASE OF THE DISEAS	SE OR CONDITION DIRECTLY LEADING TO DEATH  not mean the mode of dying, asihenia, etc. It means the dis nplicotion which caused deeth.)  ANTECEDENT CAUSES  OR CONDITIONS, if ony, e above cause (A) stoling G CONDITION lost.  II FICANT CONDITIONS CONTRIBU III BUT NOT RELATED TO THE TERM CONDITION GIVEN IN PART 1 (A). FOPERATION 198. CONDITION WAS PERFORMED  NT WAS UNDERLYING UTTING CAUSE OF	giving (B) DUE ID, OR AS (C) ULT (L)  TING INAL  FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)  20B. IF YES IN CERTIFY  20 or obout 21 C. WHERE DID  (If in	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?  Boltimore City, give exact location)
0				
OF INJURY (A PPROX.)	(Month) (Doy) (Year) (Hour	While At Not Whi		
that (1) (we)	tha (1) (this hospital) attended to the causes stoted about the causes stoted	ded the deceased fram	19 72 ta 19 72 and that ir (my) (a view the bady after death.	our) apirifan death occurred on the date  238. DATE SIGNED  F/472
23C. PHYSICIA NAME (1	Stanley Mi	ller, M.D.	914 N. Charles S	treet
24A. BURIAL CRE	MATION, 248. DATE	4C. NAME of CEMETERY OF CR		(City, town, or county) (State)
Crema to 25A. BATE REC'D AUG 2	8 1972 Judney	Loudon Park	Baltimo	Sons Co.



1		1				BALTIMORE	CITY HEALT	TH DEPARTMEN	NT .	72 0	8219	44
Dig of	1	H NB. 26		72 082	219	CERTIFIC	CATE	OF DEAT	H REG. NO			DEME
hospital and use of death (5) Deceased lance on the death. Such	1. P (Ty	NAME OF DECI	ASED ME	abel A. I					TE AND HOUR OF DE		111111111111111111111111111111111111111	
Poor.									3-25-72		12145	5 A M
hospital ise of d (5) Dece ance or death.	3.	PLACE IN BALL	IMORE MAI	YLAND, WHERE P	RONOUN	CED DEAD	4. USI A. STA	UAL RESIDENCE	(Where deceased lived.	If institution; re	sidence before	e admission)
cause se; (5) andan to de	FU	LL NAME OF	(IF NOT	IN HOSPITAL OR	אדעדודצאו	ON. GIVE STREET	2			7	27	02
l in a l ng cau cause; attend ior to	NOTITUTION						11 0	Y OR TOWN		INSIDE CITY LI	and the same of th	
E BB + L	MARYLAND GENERAL HOSPITAL							EET AND NUME	-	YES 🔼	NO	
ting d cau r att prior	1	+8					1	~	indon Ave.	ורס דכי		
F 2 0 B B	5. :	SEX	6. RACE	7- MA	RRIED	NEVER MARRIED	8. DAT	E OF BIRTH	19. AGE (in years	If Under	1 Ye. 11 U	nder 24 Hrs.
T E BOE		F	W		WED	DIVORCED		4-96	last birthday)	Months	Doys Hours	Min.
con con eterin	10A	USUAL OCCU	PATION (Give	kind of work 108, Kil	ND OF BU	SINESS OR INDU	TRY 11. BIR	THPLACE (Stole o	r foreign country)	12. CITIZ	EN OF WHA	T COUNTRY?
7 0 5 3 3	GGA	Homema			m Ho	me		Verrond	Combo	,	USA	
death or Und Und des in de	13.	FATHER'S NAM		1 0	111 110	me	14. MC	THER'S MAIDEN	County, Md	•	J3/1	
(4) U (4) U the the isposi			Harr	y Woodwa	nd					_		
	15.	Wos Deceased		Armed Forces? war or doles of ser		SOCIAL	17. INF	ORMANT	Grace Pois	T	ADDRESS	
	(Ye	50 ml	(If yes, give	war or doles of se		SECURITY NO.			75 0			
d d d d d d d d d d d d d d d d d d d	-	No	G 29. 1		5	CAUSE OF D		. Willi	am K. Cogs	SMOTT 2		
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Also, e of a nounce attended on the contract of a nounce attended on the contract of a nounce of a nou		Distra	LEADING TO	DEATH			- L	000 B	SP. ARREST			
er. Als cture o pronou lar att		(This does no	t mean the	mode of dying,	e.g.,	DUE TO, OF	AS A CONS	EQUENCE OF:	131, 11141663 1		<del>//</del>	
miner. fractur to pron gular emball		injury or com	dication which	ch coused death.)	eose,							
fra fra gul		A	NTECEDENT	CAUSES		(a)	Hi- mai	REMAGIC	Yang Ken	217.5	~4,	days
D 2 4 4 5 5		DISEASES OF	R CONDITIO	ONS, if any,	iving	DUE 10, O	AS A CON	SEQUENCE OF:	YANCREA	1111		
S in G		UNDERLYING	CONDITION	use (A) slating	lhe	(c)						
edical dical prns; rsicia was main		UREMIA								**************		
y sign	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL											
me me y bu phy ian e re	ERTIFICATION	IDISEASE OR CO	NDITION GIV	EN IN PART 1 (A).		***************************************		***************************************	***********************			******
chief y a m body the p ysicic	E	19A-DATE OF	OPERATION	198 CONDITION	FOR WHI	CH OPERATION		AUTOPSY? (Yes	IN CENTRYING	CAUSES OF D	CONSIDERED	)
by a 2) Bod 2) Bod re the physic fore th	CER	21A- ACCIDEN	WAS UND	FRI YING	21R BI 4	ACE OF INSIDE	16	S- (SIGH. OF T	RUSTEE IN AM			
	CAL	21 A. ACCIDENTOR CONTRIBUTED DEATH (notify	ING CAU	E OF	home, (	ACE OF INJURY (ellarm, factory, stree	office bldg	- INJURY OCCU	R? (Ir in Boil	imore City, give	exact lacation	4)
hospital nature; ( opt where) d (6) No				y) (Yearl (Haur)								
the hospi iny nature except w and (6) f	MEI	OF INJURY	(womin) (Du	ys (ream (regul)	While A	JURY OCCURRED	While	216. HOW DIE	INJURY OCCUR?			
roved he hos y natu xcept and (6 btaine		(APPROX)			WORK	At M	OIK					
any (exc band)		22. I certify that (this hospital) attended the deceased from 8-21-72 19 72 ta 8-25 1972								17		
		that (i) (we) last saw the deceased alive an 8-25 1972 and that in(my) (doc) apinion death occurred an the date										
sed to sed to ant of spital eath) ust be				uses stated aba	ve. (1) ()	(did) (did) (did	view the	bady after de	ath.			
dent dent deat deat must		23A, SIGNATUR	0				4.4			23B DATE	SIGNED	
		W		here	MD	DEGREE	Attending [	] Med. Director	Stoff Phys.	3-2	5-72	
was r An a prior		23 C. PHTSICIAN NAME (Ty	r's pel				23 D. ADI	DRESS	Man-Jand C	7	TT- ·	1. 7
ificate m y was rel 1) An acc J.A. at a l d prior to approval		(	nella	in HRa	ulul	end per	330	MGH	Maryland G	ener.aT	нозрі	tal
certificat sody was 7s: (1) An D.O.A. a ased pric	24A	REMOVAL (Sp	ATION, 24B,		C. NAME	of CEMETERY of	CREMATOR		D. LOCATION	(City, town, or		(State)
This certif the body shows: (1) was D.O./ deceased written a		Burial		8-29-72	Dr	uid Ridg	0		Pikesvil	le.		Md.
this ce the bo shows: was D. deceas	25A	DATE REC'D	HEALTH C	DEPT/ . 258, NA	ME OF R	EGISTRAR	25C.	FUNERAL DIREC	CTOR		ADDRESS	
ませば まゆき		AUG28	1972	Discovery,	my	- Negler	0 4	H. M. 11-1	apkins & S	ad Balt	O M	21212
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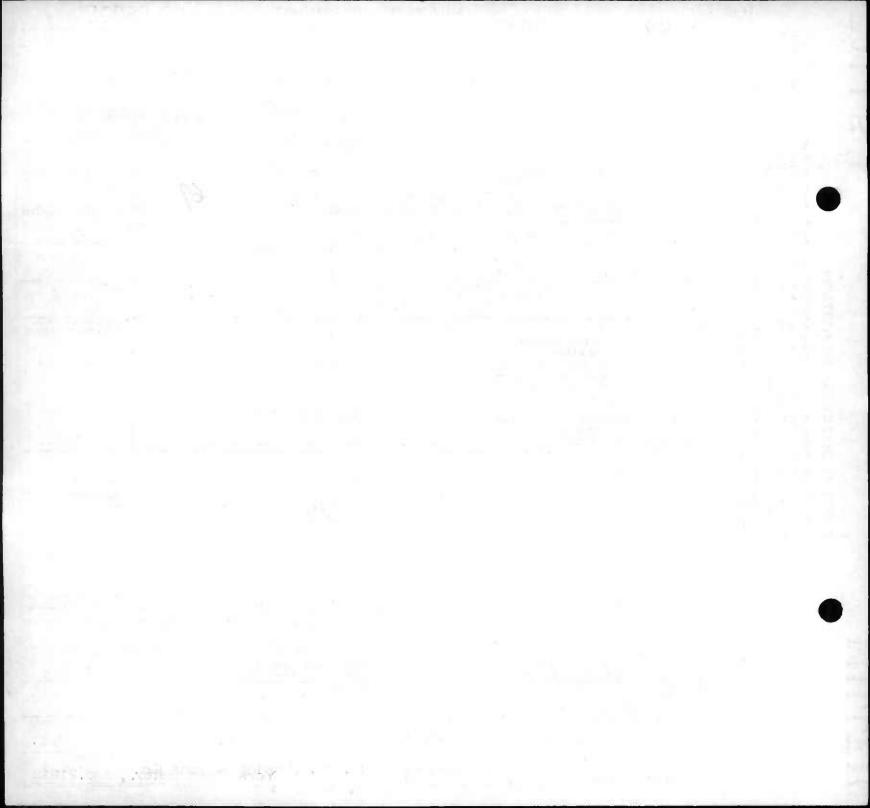


	HEALTH DEPARTMENT 72 08220
72 08220 CERTIFICAT	TE OF DEATH  REG. NO.  STATE OF MARYLAND=DHA
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
Charles D. Fenhagen, Jr.	\$ 125/72 12:30
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admit A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Md. /20
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Baltimore yes A NO
O O Hopkins Apts. 205	E. STREET AND NUMBER
	31st & St. Paul St.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED A	3. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 2- Months; Doys Hours; N
M WIDOWED DIVORCED	6-1-1882 90
ioa. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1 done during most of working life, even if retired)	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COL
Ret. Banker	Maryland USA
	4. MOTHER'S MAIDEN NAME
Charles D. Fenhagen, Sr.	Jane Dungan Corner
	Jane Dungan Corner
(Yes, no or unknown) (If yes, give wor or dotes of service)   SECURITY NO.	
TOS MM T WITH	Mr. Corner Fenhagen 4300 Greenway
18.4/23   CAUSE OF DEATH	APPROXIMATE INTER
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	sela di la Va
(A)IMMEDIATE CAUS	E Plan Valsland Org
heart failure, asthenia, etc. II means the disease,	CONSEQUENCE OF:
injury ar complication which caused death.)	0 100
ANTECEDENT CAUSES  (B)	cosclanose, generalized 19
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A rise to the above couse (A) stating the	CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O C	no
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in home, form, foctory, street, office	or obout 21C. WHERE DID (If in Baltimore City, give exact location) ce bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not While At Work	
22. I certify that (I) (this haspital) ettended the deceased from	ap 19/9 to \$ /25 19)
22. Certify that (1) (this hospital) ariended the deceased/rom	1767 10
that (1) (maldest sow the desposed allows an 0/2 -	4- (0)
that (I) (wee) last sow the deceosed olive on	2 19 7 Ond that in (my) (our) opinion death occurred on the
ond haur and from the couses stated above. (1) (We) (did not) via	2 19 7 ond that in (my) (our) opinion death occurred on the ew the body after death.
ond haur and from the couses stated above. (1) (We) (did not) via	2 19 7 ond that in (my) (our) opinion death occurred on the ew the body after death.
ond haur and from the couses stated above. (1) (We) (did not) view 23A. SIGNATURE  Roman R Free Attendant Phys.  Attendant Phys.	2 19 ond that in (my) (our) opinion death occurred on the ew the body after death.
ond haur and from the couses stated above. (1) (We) (did not) view 23A. SIGNATURE  Roman R Free Attendant Phys.  Attendant Phys.	ew the body after death.  238. DATE SIGNED  ding Med. Shoff
ond haur ond from the couses stated obove. (1) (#8) (did not) vide 23A. SIGNATURE  Attended Type Att	ew the body after death.  Med. Directar Phys.   238, DATE SIGNED   3D. ADDRESS
ond haur ond from the couses stated obove. (I) (We) (did not) vice 23A. SIGNATURE  Alternative Premary Processes 23C. PHYSICIAN'S NAME (Type)  Norman R. Freeman, Jr. M. obegate 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CREM	2 19 7 2 ond that in (my) (our) opinion death occurred on the ew the body after death.  ding Med. Shaff Phys. 238. DATE SIGNED  3D. ADDRESS  11 W. 29th St.
ond haur ond from the couses stated above. (I) (We) (did not) vide 23A. SIGNATURE  Altendrom Phys.  23C. PHYSICIAN'S NAME (Type)  Norman R. Freeman, Jr. M. ODEGREE  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREM	238. DATE SIGNED  And Med. Director Phys. 238. DATE SIGNED  3D. ADDRESS  11 W. 29th St.  MATORY 24D. LOCATION (City, town, or county) (5)
ond haur ond from the couses stated above. (I) (We) (did not) vice 23A. SIGNATURE  Altenney A	ew the body after death.    ding   Med.   Staff
ond haur ond from the couses stated obove. (I) (WE) (did not) view (23A. SIGNATURE  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  NOrman R. Freeman, Jr. M. Decores  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREM	ew the body after death.    Med.   Stoff   Phys.   238. DATE SIGNED     3D. ADDRESS   11 W. 29th St.   MATORY   24D. LOCATION (City, town, or county)   (SI   Phys.   City   City
ond haur and from the couses stated above. (I) (We) (did not) view (23A. SIGNATURE  23A. SIGNATURE  Attendary (Phys. 23A. Physician's NAME (Type)  Norman R. Freeman, Jr. M. Occare  4A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREM	ew the body after death.    ding   Med.   Stoff   238. DATE SIGNED     3D. ADDRESS   11 W. 29th St.     MATORY   24D. LOCATION   (City, town, or county)   (Stephen or county)



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

21			BALTIMORE CITY	HEALTH DEPARTMENT	ing.	2 08227
BIRTH N	0.	72 0822	CERTIFICA	TE OF DEATH	REG. NO.	DE MENTAND-DEMI
1. NAME (Type or	OF DECEASED	-1 1 -0	A	2. DATE AN	D HOUR OF DEATH	2 · · · ) had
3. PLAC	E IN BALTIMORE MAIN	AND WHERE PRO	HOUNCED DEAD	1	11-1	estitutions residence before admission)
			TITUTION, GIVE STREET	A STATE B. COUR	TY	2714
HOSPITA	AME OF (IF NOT IN ADDRESS O	OR LOCATION)		C, CITY OR TOWN	D. INS	IDE CITY LIMITS?
1	to union k	Sommial	Hosp.	E. STREET AND NUMBER	2	YES NO NO
	to Union P	Je mun oo.	1,004	1	and Aven	lue
5. SEX	6. RACE	7- MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	II Under 1 Ye. If Under 24 Hrs. Menths Days Hours Min.
Ter	rate TVK	ite widow		12-20-02	67	
	AL OCCUPATION (Give bing most of working life, even in		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	ign country)	12. CITIZEN OF WHAT COUNTRY
	Rotined	Sta	usewife.	Maryland		U-1.A
13. FATH	ER'S NAME	01	1	14. MOTHER'S MAIDEN HA	ME	
5	Stanley	Tra	cares	anna	ノ	
15. Wes (Yes, 80 o	Peceased Ever in U.S. A runknown) (If yes, give w	umed Forces? or or dates of servic	el SECURITY NO.	17. INFORMANT	2823-	GY LOCENE.
Ch	0		22014-8944	Lawrences, Moh	er the	Versy, M.D.
18.7	436,91		CAUSE OF DEATI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDIT			- Control of	Tuling	
(Thi	does not mean the	mode of dying, e	QA)IMMEDIATE CAU	A CONSEQUENCE OF:	ance	
inju	t failure, aethenia, etc. l y or complication which	caused death.)	54,			
	ANTECEDENT	CAUSES	m (creh	Il Vashela	accident	
	EASES OR CONDITION			A CONSEQUENCE OF:		
	to the above cau DERLYING CONDITION		(c)			
	11		0			
NO STA	ER SIGNIFICANT CONDITIONED	ONS CONTRIBUTIN	G - G	460		
A DISE	HE DEATH BUT NOT RELA ASE OR CONDITION GIVE DATE OF OPERATION	N IN PART 1 (A).	P WHICH OPERATION	(20A-AUTOPSY? (Yes of No	oll 208. IF YES, WERE	FINDINGS CONSIDERED
CERTIFICATION OITH	)	WAS PERFORMED		no	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR	ACCIDENT WAS UNDER CONTRIBUTING CAUSE TH (notify medical examin	ELYING D	218-PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or obout 21 C. WHERE DID	(If in Baltimor	re City, give exact lacation)
WEDICAL OF I	TIME (Month) [Day	(Year) (Hous)	21E INJURY OCCURRED	215. HOW DID IN	IURY OCCUR?	
E OF	NJURY ROXI		While At At Work			
22-	certify that At (this			Aug. 24	1072 to Acc	9.27 1972
1 1	(W (we) last sow the		A	7 19 72 and th	nat In (migr) (our) opi	Mon deoth occurred on the date
			1	lew the body after death.		
	SIGNATURE					238, DATE SIGNED
	( Ku	g-Hsien	full Alle Phys	nding Med. Director	Staff Phys.	1 27/22
23C.	PHYSICIAN'S NAME (Type)	J		23D. ADDRESS	eminal Ho	-0.
	CHILINE	- HSIFN	1 Vy MiD	Fre unton Me	f Str. U"	8 21218
24A. BU	RIAL CREMATION, 248.	DATE 240	NAME OF CEMETERY OF CRI	MATORY 24D. L	OCATION (C	ity, town, or county) (Stote)
Bur		30-72	New Cathedra	Cemetery	Balto.	Md.
25A. DA	TE REC'D BY HEALTH DE	EPT. / 258. NAM	TE OF REGISTRAL	25C. FUNERAL DIRECTO		ADDRESS
	AUG28 1972	Wir com	AN AN AN AN	H. W4905enk	iph kosene	Batto., Md.21212
	REV. 1/1/68					



wos D.O.A. ot o hospital (except where the physicion who pronounced deoth wos in regulor ottendonce on the deceosed prior to deoth); and (6) No physicion was in regulor ottendance on the deceosed prior to deoth. Such written approval must be obtained before the remains are embolmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital ond the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

T (1)		HEALTH DEPARTMENT	72 08222
72 08	222 CERTIFICA	TE OF DEATH	G. NO
I, NAME OF DECEASED		2. DATE AND HOUR	TATE OF MARYLAND-DHAR
(Type or Print) Estelle Duke Te	errell	8/25/	72   3 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland c. CITY OR TOWN	D. INSIDE CITY LIMITS?
INSTITUTION Day 20 9	1401	Baltimore	YES NO
37 Mercy In	puar	2612 St. Paul St	reet 21218
5. SEX 6. RACE 7. MARR	ED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In lost birthdo	
F W WIDOW		5-15-1899 73	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ilto. City	Baltimore, Maryla	nd USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Embra T. Terrell		Emma B	owie
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Mrs. Harvey C. Eu	banks Same
18. 🖘 🕢	CAUSE OF DEAT	Ĥ	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		01 01	
(This does not meon the mode of dying,	(A) IMMEDIATE CAL	ISE Gulmonen Edem	
heart failure, asthenia, etc. It means the diser		1 0 1 1 1 1 1 1	
ANTECEDENT CAUSES	O. T.	7 10 ~ 1	
DISEASES OR CONDITIONS, if ony, give	ing DUE TO, OR AS	A CONSEQUENCE OF:	ans
rise to the obove couse (A) stoting		al elsureur, asci	Tra
UNDERLYING CONDITION lost.	(c)		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	and	generalized eden.	
O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING OF THE TERMING			
19A. DATE OF OPERATION 198. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF Y	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	in or obout 21C. WHERE DID (If	In Baltimore City, give exact location)
Q 21D-TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCU	JR?
(APPROX.)	While At Work At Work		1 -
22. I certify that (1) (this haspital) ottende	ed the deceased/from	8/15 19 72	· 8/25 19 72
that (N (we) last saw the deceased alive	9176	/ / /	(aur) apinian death occurred an the dote
and haur and from the causes stated above	(I) (We) (did) (did not)		
23A SIGNATURE			23 B. DATE SIGNED
Pricamon 7. Ja	10 / - A . Dh.	ending Med. Staff Director Phys.	Quent 26,1972
23C. PHYSICIAN'S	DEGREE THY	23D. ADDRESS	Constant & Office
NAME (Type) NAME (Type) NAME (Type)	NIN	Mercy Hospital	51. Thu
24A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
Burial 8-29-72	Loudon Park	Baltim	ore Md.
Photo and the second se	Las howers	25C. FUNERAL DIRECTOR H. W. Jenkins & 4905 York Ro	Sons Co. ADDRESS ad Balto., Md. 21212
VS 150-REV. 1/1/6B		1 2 0	

HATTER A SAME I LONG . IS NOT TO A SAME ( and the state of 

24C, NAME of CEMETERY or CREMATORY

Pankwood Cemetery

258. NAME OF REGISTRAR

24D. LOCATION

Henry W. Jenkins Sons Co.

1905 York Rd. Balto.,

25C. FUNERAL DIRECTOR

Parkville.

(City, town, or county)

**ADDRESS** 

Md.

(Stote)

Md.

NAME (Type)
24A, BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

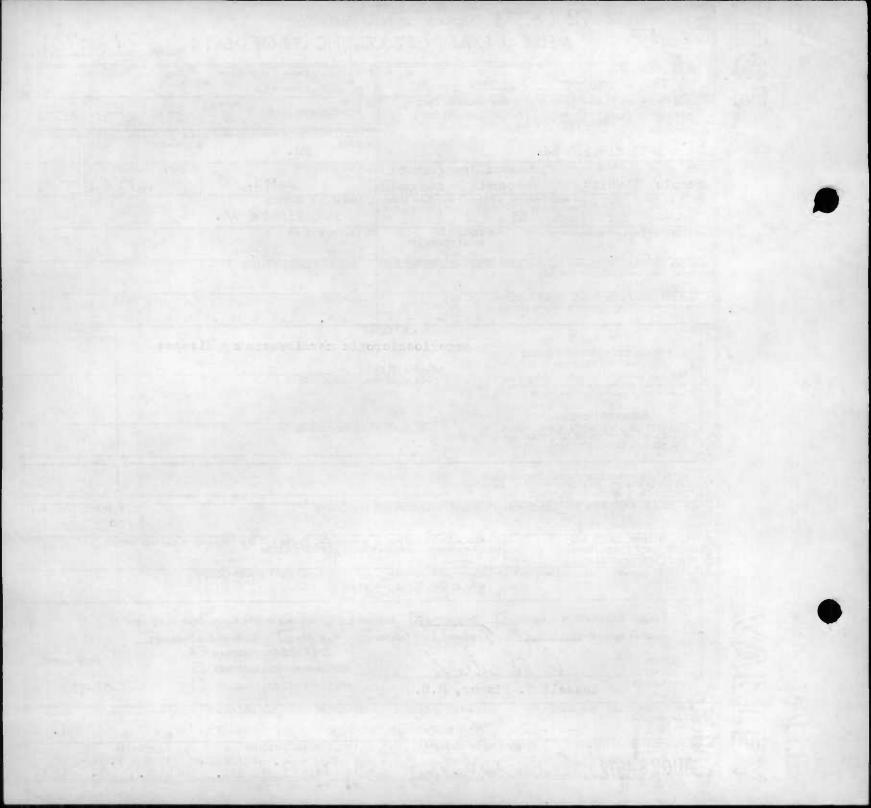
Burial

AUG28

VS 151-REV. 1/1/68

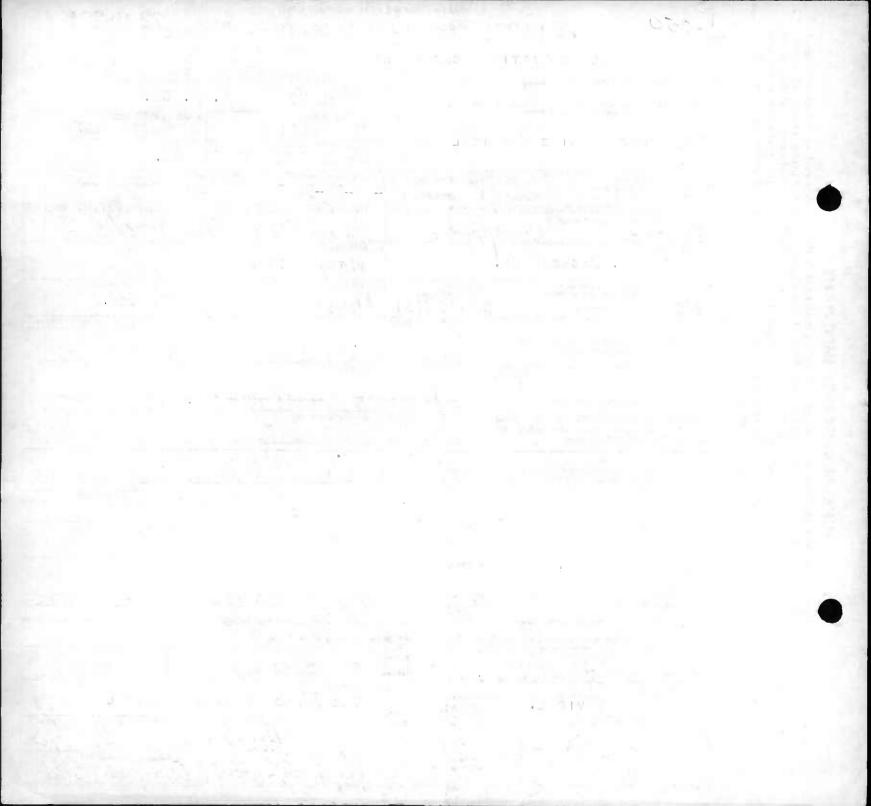
24B. DATE

8-29-72



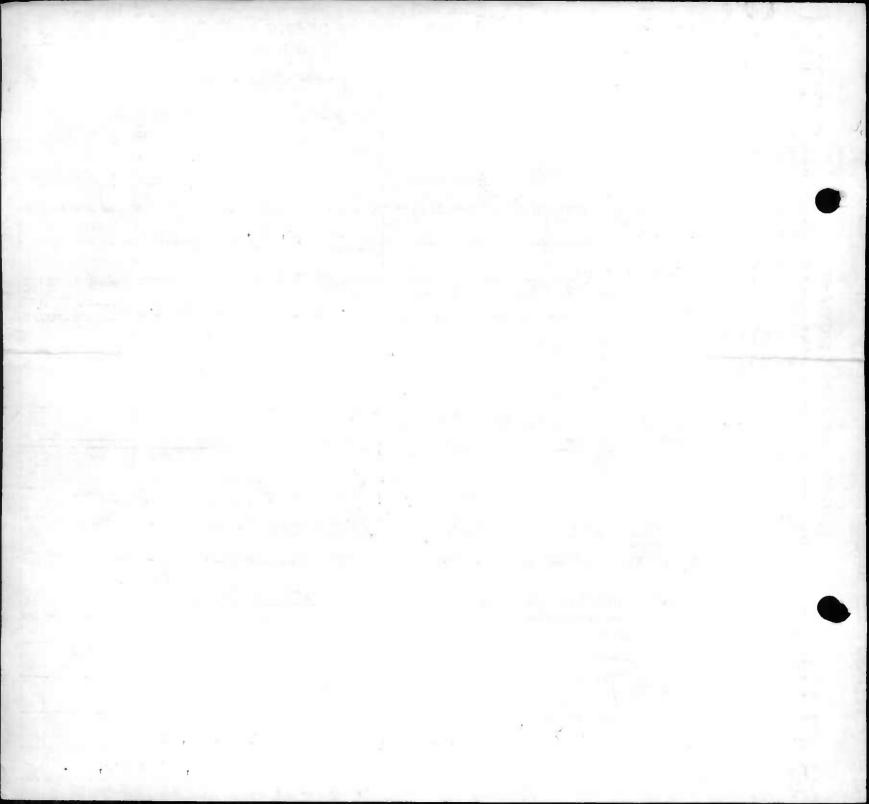
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT
BHYTH NO. 72 08224 CERTIFICATE OF DEATH REG. NO. 72 08224 STATE OF MARYLAND-DHIME
1. NAME OF DECEASED ELMER MARTIN JACKSON 3RD 2. DATE AND HOUR OF DEATH 8/25/72 1420
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET HOSMTAL OR ADDRESS OR LOCATION)  [A. STATE B. COUNTY MARY LAND A. A. CO. 52 - 00   C. CITY OR TOWN   D. INSIDE CITY LIMITS?
ANNAPOLIS YEST NOXT
THE JOHNS HOPKINS HOSPITAL  E. STREET AND NUMBER  CRABB COVE BYWATER RD.
MALE WHITE WIDOWED DIVORCED \$6. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yeors last birthday) 42   Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country)  done during most of working life, even if refired)
Epitoe NEWSPAPER HWNAPOLIS MD. 415H
ELMER M. JACKSON JR. 14. MOTHER'S MAIDEN NAME  HARY WATERS CONRAD
15. Was Decembed Ever in U. S. Armed Forces? (Yes, no or unknown) [Uf yes, give war or dates of service]  16. SOCIAL SECURITY NO.
DO - 214-26-1921 MARCIA L. JACKSON #4
DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
heart foliure, astheria, etc. It means the disease, Injury or complication which coused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
underlying condition last (c) Pulmonary Insufficiency NOON
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Fortonties, Subphene abcers of To THE DEATH BUT NOT RELATED TO THE TERMINAL Upper GI Gledin Preumonia 8/3/72 DISEASE OR CONDITION GIVEN IN PART 1 (4).
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  1794-DATE OF OPERATION 1798 CONDITION FOR WHICH OPERATION 1794-DATE OF OPERATION 1798 CONSIDERED 1794-DATE OF OPERATION 1798
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg, INJURY OCCUR?
21D-TIME (Manth) (Day) (Year) IHous 21E INJURY OCCURRED While At Not While At Wark
22. I certify that (1) (this hospital) ottended the deceased from 7/31 19 72 to 8/25 19 72
that (we) lost sow the deceased alive on 8/25 19 72 and that in (19) (our) opinion death occurred on the de
and hour and from the causes stated above. (2) (We) (did) (did view the body after death.
23A. SIGNATURE
23C. PHYSICIAN'S Bouwman Decide Phys. Director Phys. Staff S 8/25/72
NAME (Type)
24A- BURIAL CREMATION, 24B- DATE 24C. NAME of CREMATORY 24D- LOCATION (City, fown, or county) (Stote)
BURING 8-28-72 St. HWNES ANNES AND ANNESS A.A. MO
25A. DATE REC'D BY HEALTH DENT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1	1 4 77 -		HEALTH DEPARTMENT	72 08220
BIRT	)-630 72 08°	225 CERTIFICA	TE OF DEATH STATE	OF MARYLAND-DHMH
	e or Print) WARA	carl	2 DATE AND HOUR OF DEATH	3 50 Pm
3. F	LACE IN BALTIMORE, MARYLAND, WHERE FRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admission
II HO	LL NAME OF (IF NOT IN HOSPITAL OR IN: SPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN D. INS	IDE CITY LIMITS?
	Sinai Hospital of B	altimore	Balf wore	YES NO
1	12		3408 St. Ambrose	2 Av. #15
5. \$	Male Negro WIDOW		8. DATE OF BIRTH 9. AGE (In years lost birthday) 26	If Under 1 Yr. If Under 24 Hrs. Menths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B, KIND our on most of working life, even if refired) Disability	OF BUSINESS OR INDUSTRY	Glauster, Va.	12. CITIZEN OF WHAT COUNTRYT
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Clarence Ward		Louise Ward	
T5.	Wes Deceased Ever in U. S. Armed Forces? i, no or unknown) (If yes, give war or doles of service)	SECURITY NO.	17. INFORMANT	ADDRESS
	N 0 18. 2 7 6 9	CAUSE OF DEAT		St. Ambrose Ave.
RTFICATION		ose,  (6)  DUE TO, OR AS  the  (C)  NG  NG  NAL  OR WHICH OFERATION  ALL  CHECKET + CAMPAGE FOR	A CONSEQUENCE OF:  A CONSEQUENCE OF:  20A. AUTOPSY? (You or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH )nobity medico) exemined	218 PLACE OF INJURY (e.g., home, form, fociory, street, o	fine bidge INJURY OCCUR?	re City, give exact location)
ō	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY JAPPROX.)	21E INJURY OCCURRED While At Work Not Work		8/21 77
	22. I certify that (I) (this hospital) attends that (I) (we) lost sow the deceased alive	on 8/24		inion deoth occurred on the dote
	and hour and from the couses stated above	e. (i) (We) (did) (did not)	view the body after death.	Total DATE MONEY
	23A. SIGNATURE	Dh.	ending Med. Steff Phys.	824 7
	23C. PHYSICIAN'S NAME (Type) H. LEVER	JUE DEGREE	23D. ADDRESS fin di Horported O	Balt more
24/	REMOVAL (Specify) 248. DATE 24	C. NAME OF CEMETERY OF CH		ity, town, or county) (State)
B		Zion Hill Chur	ch Cemetery Glauster,	Va.
25/	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
VS	AUG28 1972 Judays	Monte	Howard Funeral Home,	Glauster, Va.



72 08226

U-260			EXAMINER'S CERTIFICATE OF DEATH
1/ 2/2	72	08889	HEALTH & MENTAL HYCLENE BALTIMORE CITY HEALTH DEPARTMENT

0000		WED	ICAL	EXA	WINEK 2	LEK I IFI	CATEO	DEAL	H REG. NO.		
BIRTH NO.						T					
I. NAME OF DECEASED (Type or Print)						2. DATE OF	Known 🗌	Month	Doy	Yеог	Hour
THOMAS USSERY						DEATH	Estimoted _	J			N
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour '
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)					PRONO	DIACED DEAD	8	27	1972	11:58p	
OR INSTITUTION						ESIDENCE (Whe	re deceosed l		ı: residence	before odmission)	
00	1905 Ch	rietis	n St.			A. STATE	$M_{d}$ .		B. COUNTY		かかる
1905 Christian St.						C. CITY OF			D. INSIDE CI	TY LIMITS?	100
MARKIED   NEVER MARKIED								.1			
male	white		WIDOWE		DIVORCED L	E CYPEET	AND NUMBER	alto.	YI	Es X	NO L
9. DATE OF BIRTI	12	10. AGE (ir lost birthdo	y)   h	Months   Do	Yr. If Under 24 Hrs. Dys <sub>I</sub> Hours <sub>I</sub> Min.						
9/4/4			25				5 Christ	ian St.			
11. BIRTHPLACE (S	tote or foreign	n country)	1:	2. CITIZE		13. FATHER	'S NAME				
Baltim	ore,	40		we I	COUNTRY?	Ede	gar M.	USSE	Ery	1	
14A.USUAL OCCU	PATION (Give		148. KIND	OF BUSIN	IESS OR INDUSTR			AME	1	,	
done during most of w	orking lite, eve	en it retired)		Marie Marie		Pu	h Nici	tole			
16. WAS DECEAS	ED EVER IN L	J.S. ARMED	FORCES?	17. S	OCIAL	18. INFOR		.0/3	A	DDRESS	
(Yes, no or unknown)	(if yes, give w	or or dotes	of service)	S	SECURITY NO.	E, M	110000		1000 10	1 1.	C+
119					CAUSE OF DEA		· M22CL	/	705 C	11/3/10	PPROXIMATE INTERVAL
32	/ XI				CAUSE OF DEA		/				VEEN ONSET AND DEAT
DISEAS	E OR CONDI	TION DIRE	CTLY	a	spiration	of gas	tric con	tent			
	LEADING TO				(A)IMMEDIATE	CAUSE					
	ot meon the i				DUE TO, OR	AS A CONSEC	UENCE OF:				
	nplication whic										
N.	ATECEDENT A	CALICEC			nost e	ncenhal	itic men	tel ret	erdetion		
	OR CONDITION		GIVING		DUE TO. OR	AS A CONSE	QUENCE OF:	Cal Ici	az da c z oi		
RISE TO THE	OR CONDITION	JSE (A) STA	TING THE								
Z UNDEKLAIL	IG CONDITION	ON LAST.			(c)						
12		11									
OTHER SIGN	IIFICANT CON										
DISEASE OR	CONDITION	GIVEN IN PA	ART I (A).	TAL.							
OTHER SIGN TO THE DEAD DISEASE OR 20 A. DATE OF	OPERATION	20B. CO	NDITION F	OR WHIC	H OPERATION W	AS PERFORM	\ED			21. AUTO	PSY? (Yes or No)
Ō										ye	e
₹ 22A. EXTER	NAL CAUSE	WAS	2:	2B.PLACE	OF INJURY(e.g.,	in or obout	22C. WHERE DIE	(If in Boltimo	ore City, give exc		3
UNDERLYING UTING CA			h	ome, form,	, foctory, street, offic	e bldg., etc.) I	NJURY OCCUR				
		TH. oy) (Yeor	·) (Hour)	22 F 1N	JURY OCCURRED	-	22F. HOW DID 1	NITURY OCC	1102		
OF INJURY	. (14.011.11)	0, (160)	, (11001)	WHILE A		WHILE	IZI NOW DID I	NOKI OCC	OKI		
(APPROX.)			п	n. WORK		VORK					
23.				1 .							
100	ify that I he		nquiry L	Insp	pection L AL	topsy X	ond that on	this basis,	deoth In my	opinion	
result	red from: N	oturol cou	ses X	Accide	ent Suici	de 📙 H	omicide	Undeterm	ined monner		
	( )	//	11/	/ ,	U		CHIEF MEDICAL	EXAMINER			DATE CLONED
ACTUAL	/ /	Lil	1/1/2	10		ASS	STANT MEDICA	LEXAMINER			DATE SIGNED
SIGNATI		-01	1100		791.1	ACC/	CIATE MEDICAL	EVAMINED			
	ype) Rona	1d N	Kornh	1 11m	M.D.		Chief Me	_	xaminer	8	-28-72
24A. BURIAL CRE	MATION, 2	48. DATE	, COLIED		ME of CEMETERY			LOCATION		n, or county	
REMOVAL (Special	(y)	5/20	100	4.1	100.1	0		12.1		720	/
Buria		131/	72	Int	· Dewel	lem		Dalle	molly	dire	0
25A. DATE REC'D	BY HEALTH E	EPT.	2 1	ME OF R	EGISTRAR	25 C.	FUNERAL DIREC	TOR	21017	DDRESS	wok auc
AUGZ:	1912	10,00	yeys	NIW	non	El.	1 1/1/1	hi sto	-21 01		1 31333
VS 151. PEV 1/1/65			4	7	- 13 13	7 16	A SEPTE	(del 1 4	AJRC4	1/41	. 21 223

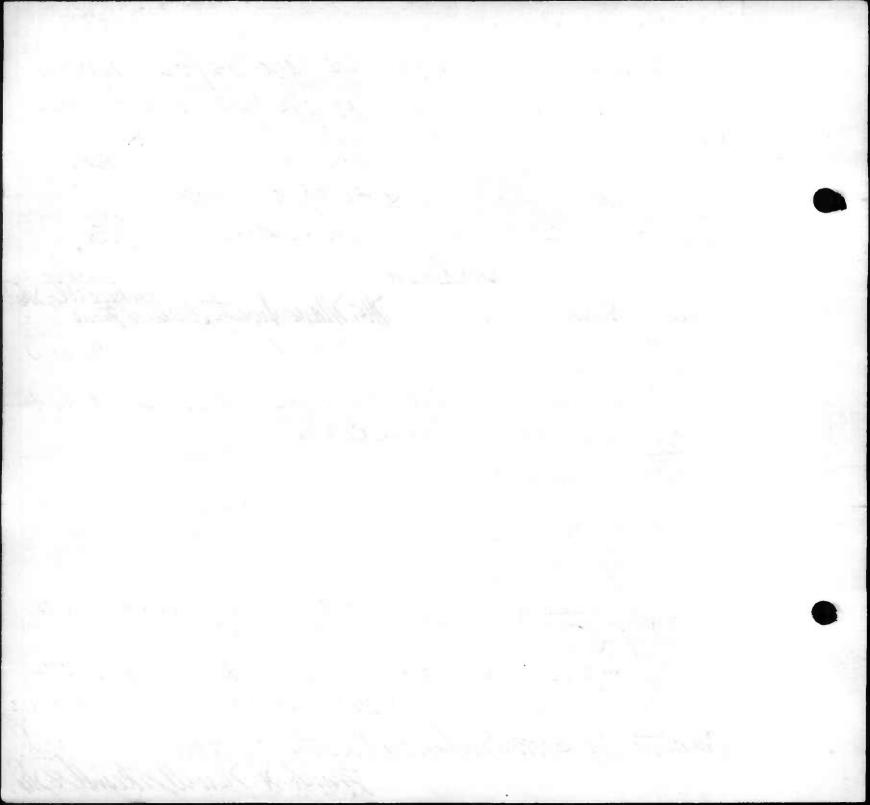
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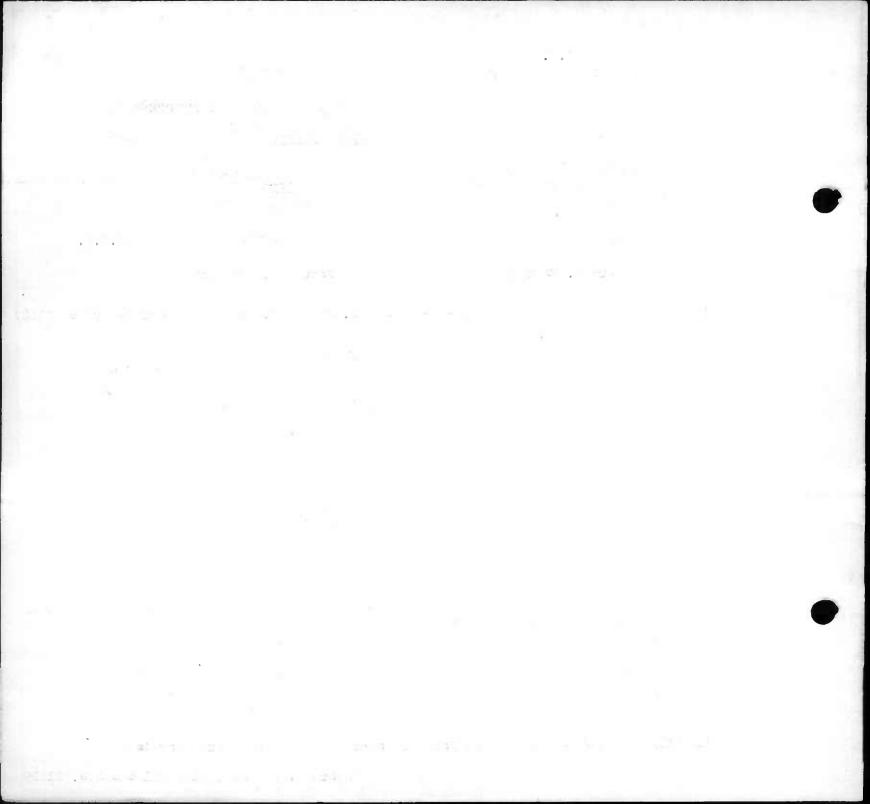
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	72 08	BALTIMORE CITY	HEALTH DEPARTMENT		72 08227			
	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	TE OF MARYLAND-DHMH			
	1. NAME OF DECEASED (Type or Print) ALBERT V.	DERBYSH	LIRE 2. DATE A	HOUR OF DEATH	12:15A			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UN CED DEAD			stilution: residence belore admission)			
	FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYCA		ACTIMORE			
14	NORTH CHARCES	GEN	BACT/K	10RE D. INSI	YES NO			
	HOSP ITAL		E. STREET AND NUMBER	SARATO	FA ST. 401			
made.	11 111.	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lest birthday)	If Under 1 Yo. II Under 24 Hrs. Months Doys Heurs Min.			
.5	10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or los	reign country!	12. CITIZEN OF WHAT COUNTRY?			
i ii	FUR DESIGNER F	-URS	ENGLA		U.S.			
spos	13. FATHER'S NAME	and A	14, MOTHER'S MAIDEN NA	AME	1			
0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no er unknown) (II yes, give wer er dates ef serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	1 1	Car 190 RESS (1)			
final	NO NONE	182-03-3244	Mo. Marest	wante Ask	hund Farma			
0	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	IPATORY	CAU is	BETWEEN ONSET AND DEATH			
balmed	LEADING TO DEATH  (A) IMMEDIATE CAUSE							
Da	heart failure, osthenia, etc. It means the disc injury or camplication which coused deoth.)	ease,	A CONSEQUENCE OF:					
E	ANTECEDENT CAUSES		TROPHIC	LATERI	AL YEAR			
are	DISEASES OR CONDITIONS, if any, ginse to the above couse (A) stoling UNDERLYING CONDITION test.		A CONSEQUENCE OF:					
erore rue remains		(c)			***************************************			
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG NAL						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19R CONDITION F WAS PERFORMED  21A, ACCIDENT WAS UNDERLYING T	OR WHICH OPERATION	20 A. AUTOPSY? IVes et N	e) 208. IF YES, WERE IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?			
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exemines)	218 PLACE OF INJURY (e.g., in heme, farm, factory, street, off etc.)	or about 21 C. WHERE DID	(If In Beltimer	e City, give exact lecotion)			
	OF INJURY (Manth) (Dayl (Year) (Heut)	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?				
5	(APPROX)	While At Not While At Werk			5/2			
00 00	22. I certify that (1) (this hospital) attend that (1)(we) lost saw the deceased alive	0 / 2 4/		allowers and a construction of	alon death occurred an the date			
151	ond haur and from the couses stated above	(We) (did) (did not) vi			de la			
ı musr	23A. SIGNATURES KILLES	79 - MAHOR	nding Med.	Staff Phys.	23B. DATE SIGNED			
approvai	23C. PHYSICIAM'S NAME IType)	DEGREE	3D. ADDRESS		TE 202, BAUTS			
ddb	24A, BURIAL CREMATION, 24B, DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D, I		y, lown, or county (Stote)			
Written	nemation (114.28,1972	Luckowant	Premator 4	Dalteman	Max			
×	AUG29 1979 Didwid	ME OF REGISTRAR	25C. FUNERAL DIRECTO	6. Hornell	ADDRESS SA			
12	VS 150-REV. 1/1/68		1 2. 1 0	- ACKETAL	and the state of the			



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

K-120 72 08228		HEALTH DEPART		72 00220
BIRTH NO.	CERTIFICA	TE OF DE	ATH REG. NO.	
(Type or Print)		2.	DATE AND HOUR OF DEA	E OF MARYLAND DHAM
3. PLACE IN BALTIMORE MARYLAND, WHERE PROMOUNCE	CED DEAD	4. USUAL RESIDER	NCE (Where deceosed lived, B. COUNTY	If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	C. CITY OR TOWN	Hard BALTI	
INSTITUTION		A CONTRACTOR	######################################	YES NO NO
Lesherm Glerital		E. STREET AND N	UMBER.	100
5. SEX  6. RACE / 17. MADDIED	NEVER MARRIED	8. DATE OF BIRTH	1996 S. AGE (In years	II Under 1 Yr., II Under 24 Hrs.
Know Whate WIDOWED	DIVORCED	9-7-8	0X X 65	II Under 1 Yr. II Under 24 Hrs. Months; Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE IS	ote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LETTRES =			MARYLAND	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MA	IDEN NAME	
Robert H. Fahrney		Sara	T. E. Roeder	
15. Was Deceased Ever in U. S. Armed Forces?   16.   (Yes, no or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	14-40-4087A	Mr. Elwee	od H. Krug, 120	9 Circle Drive 21227
18,7 2 7 0	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0.1		
(This does nat mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF	enary Eden Part-Failu	<u> </u>
injury ar camplicalian which caused death.)  ANTECEDENT CAUSES	P	A 11	6 1- 5-1	
DISEASES OR CONDITIONS, il any, giving	(B) COUS	A CONSEQUENCE C	cort tolu.	Y C
rise to the above cause (A) stating the UNDERLYING CONDITION last.		N CONDEQUENCE C	,,,	
	(c)	***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	*************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED	CH OPERATION	20A. AUTOPSY?		RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY le.g., ir arm, foctory, street, of	or about 21 C. WHER	RE DID (II in Boltin	mare City, give exact location)
O 21 D. TIME (Month) (Doy) (Year) (Haur) 21 F. INI	URY OCCURRED	21F. HOW	DID INJURY OCCUR?	
While A Work			DID INJUKT OCCUR:	
22. 1 certify that (1) (this hospital) attended the d		8-22	19 <u>7_2to</u>	8-25-1972
that (1) (we) lost saw the deceased alive on	8-25-7	2 19	and that In(my) (our)	opinion death accurred on the date
and hour and from the causes stated above. (1) (W	e) (dld) (dld not) vi	lew the bady after	death.	
23A. SIGNATURE	M.D. Atter	nding Med.		23B. DATE SIGNED
23C. PHYSICIAN'S	GEGREE Phys.	. Direct	or Phys.	8-25-72
NAME (Type) J. H-Siddier.	M.D	Sulhe	non Hospie	tal
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY OF CRE	MATORY	24D. LOCATION	(City, town, or county) (State)
CREMATION 8-28-1972 Loudo	n Park Crema	atory	Baltimore,	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	GISTRAR	25C. FUNERAL D		ADDRESS 01000
AUG 2 9 1972 VS 150-REV. 1/1/68	Control O	Howard H	Hubbard, 410	7 Wilkens Ave. 21229



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dica	ital (except where the physician who pronounced death was in regular ith); and (6) No physician was in regular attendance on the deceased pr it be obtained before the remains are embalmed or final disposition is made.	ı
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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1	2 5110		BALTIMORE CITY	HEALTH DEPARTMENT		120 0000
(	7-940 72 ()	2220	CERTIFICA	TE OF DEATH		72 08229
	TH NO. /C U	0440	GERTITO,		AND HOUR OF DEAT	E OF MARYLAND-DHMH
	e or Print) ANNA M.	O'NE	EAT.	Augu		- 4
3. 1	PLACE IN BALTIMORE, MARYLAND, WH			4. USUAL RESIDENCE (W	here deceased lived, If	institution: residence before odmission)
FU	LL NAME OF (IF NOT IN HOSPITAL SPITAL OR ADDRESS OR LOCATI	OR INSTITU	UTION, GIVE STREET	Maryland B. co	UNIY	2102
	STITUTION ADDRESS OF LOCATI	ION)		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
	7 K University	Hospit	:a1	Baltimore		YES X NO
-	50			E. STREET AND NUMBER		
5. S	EX   6. RACE   7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Fe		WIDOWED		6-23-1889	83	Months Doys Hours Min.
OA	USUAL OCCUPATION (Give kind of work)	B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Retired Char Woman			Maryland		U.S.A.
	FATHER'S NAME			14. MOTHER'S MAIDEN N		
	Joseph Hlafka				-	
5	Was Deceased Ever in U.S. Armed Force	. 7	1 6. SOCIAL	Marie		ADDRESS
Yes	(If yes, give wor or dates	of service)	SECURITY NO.	W INFORMANT		WDDK522
1	No /		219-28-7073	Mr. George J	. O'Neal, 13	336 Sargeant St. 2122
	18. 4/2/41		CAUSE OF DEAT	H	^-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRE	CTLY		0	10	+ - 11
	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE luxurilled	I-wall as	from 8 los mouth
	(This does not meon the made of d heart foilure, asthenia, etc. It means th			A CONSEQUENCE OF:	Manana Yanana Tima a Filiph (	***************************************
	injury ar camplication which coused d				1	
	ANTECEDENT CAUSES		().5	to a lateri	to PNA	Ten year
			(B) OUE TO OR AS	A CONSEQUENCE OF:	the Color	
	DISEASES OR CONDITIONS, if an rise to the above couse (A) s		DOL 10, OK AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.		(C)			***************************************
	11					
O	OTHER SIGNIFICANT CONDITIONS CONT					
ATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART I			7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDI	TION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WER	E FINDINGS CONSIDERED
ERT	0					
O	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltim	nore City, give exact location)
CAL	DEATH (notify medical examiner)	etc.				
EDI	21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
ME	(APPROX.)		ile At Not While			
		Wo		A	12/1	21'
	22. I certify that (I) (this haspital)			may 28	19 67 to U	ng 26 19 72.
	that (I) (we) lost saw the deceased	oliye on	aug/	19 19 W and	that in (my) (our) o	plnion death accurred on the date
	and hour and from the couses stated	/	- /			
	23A. SIGNATURE		, (c, (d.d) (d.d 1101) V	Tew The body differ deor		23B, DATE SIGNED
	W. CH	+	Atte	nding Med.	Staff	235. 541. 310.12
	House	ales.	DEGREE Phy	s. Director	Phys.	18-50 12
	23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		
	H. F. Kate	es	DECOSE	517 Scott St	reet, Balti	more, Maryland
24A	BURIAL CREMATION, 248. DATE	24C. N	AME of CEMETERY OF CRE			City, town, or county) (State)
R	urial 8-29-1972	2 No	w Cathedral Co	emetery Ra	altimore, Ma	rvland
			of REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
	AUG2 9 1079 -	week A.	12 12			Wilkens Ave. 21229
	HOUND ISIE NA	Man had	A. M. C. A.	TIONELU III	11	WILKOID SAVE. ZIZZY
√S	150-REV. 1/1/6B	113 1	6 1	6 6 m	Q .	

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101	120.00			100

This certificate must be opproved by the chief medical examiner or his ossistant if deoth occurred in a hospital and the body was released to the hospital by a medical exominer. Also, if the direct or contributing cause of death was D.O.A. at a hospital (except where the physician who pronounced death was in secured cause; (5) Deceosed deceased prior to deoth): and (4) No. 1. was D.O.A. at a hospitol (except where the physician who pronounced death was in regular attendonce on the deceased prior to deoth); and (6) No physicion was in regular ottendonce on the deceased prior to death. Such written approval must be obtained before the remains are embolmed or final disposition is made.

1	Jorly	Release	a sey	EMC. BALTIMORE CIT	Y HEALTH DEPARTM	ENT	1091	0 00000
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	TH NO.	630	1.00.	.OO CERTIFICA		Q.		ARYLAND-DHMH
	on or Print)		AD LODY A	AD LE		ATE AND HOUR OF	DEATH	-ma
2 1			ARJORY M	MOUNCED DEAD		UGUST 22	ved If institution:	residence before odmission)
					A. STATE B	COUNTY		tostonico delloto dell'ilisatori,
ll Ho	LL NAME OF	ADDRESS C	HOSPITAL OR IN	STITUTION, GIVE STREET	C. CITY OR TOWN		D. INSIDE CITY	LIMITS?
	7 2	07 4005			XXXXXXXX	WOODLAWN	YES [	NONX
-04	+ 0	ST AGNE	S HOSPIT	AL.	E. STREET AND NU	ABER		
					3111 TH	ORNETELD F	ROAD	21207
5. S	EX	6. RACE	7. MARE	HED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yellost birthdoy)	eors If Und	ler 1 Yr. If Under 24 Hrs.
F	EMALE	CAUCAS	IAN WIDOV	VED DIVORCED	07 27 17	51	5	
		UPATION (Give kin	d of work 10B. KINI	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote	or foreign country)	12. CI1	TIZEN OF WHAT COUNTRY?
		working life, even if R SPECIA		CIAL SECURIT	Y WISCON	SON	1	J.S.A.
13.	FATHER'S NA	ME			14. MOTHER'S MAID			
	Cha	arles Hoi	C.C. a.C. o				FORD	<del></del>
15.	Wos Deceased	Ever in U. S. Ar	rmed Forces?	1 6. SOCIAL	17. INFORMANT 1.1	ZXXXXXXXXXXX		10RERESSMARYLAND
(Yes		(If yes, give wo	r or dotes of servi		AA.	LKENS AVE		
	NO			477 16 454		HOSPITAL	RECURDS	
	18.	7 X 4	250	CAUSE OF DEA	TH ,			BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITI		1	Munca	PO 1. PI 7	N. Fas. T.	
	(This does		nade of dying,	(A) IMMEDIATE CA	USE / YOU	RDIAC I	10111166/6	<b>₽</b> ~
	heart failure,	asthenia, etc. It	t means the dise		A CONSEQUENCE OF:			
		nplicotian which		Ma	enin nn	EFITY		
		ANTECEDENT C	CAUSES	(B)	-1310, 013			
			IS, if ony, gi	ving DUE TO, OR A	BID, OB SACONSEQUENCE OF BEFIX.	111		
		G CONDITION	se (A) sloting last.	(c)	ocis.	ELLIIU.	· .	
		II		(0),				
0	OTHER SIGNI		NS CONTRIBUTI	NG				
ATI		TH BUT NOT RELATION GIVEN	TED TO THE TERMIN	NAL				
5		OPERATION 15	98. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Ye	s or No. 208. IF YES	WERE FINDING	S CONSIDERED
ERTIFIC	18-23	1 - 72 "	VAS PERPORMED	19. 013 ES114	NO	IN CERTIFI	ING CAUSES OF	DEATH!
U	OR CONTRIB	NT WAS UNDER	OF	21B PLACE OF INJURY (e.g. home, form, foctory, street,			Baltimore City, g	lve exact location)
ICAL		medicol exomine		etcJ				
MEDI	OF INJURY	(Month) (Doy)	(Yeor) (Hour)	21E. INJURY OCCURRED		DID INJURY OCCUR?		
<	(APPROX.)			While At Not Wh	ile 🗌			
	22. 1 certify	that () (this h	naspital) ottend	ed the deceased from A	UGUST	3 19 72 to	AUGUST	22 19 72
				on AUGUST		and that in May) (	our) opinion de	oth occurred on the date
	Date of the last o	-//		e. M/X(We) (did) (XiX )(o))				on occord on the dote
	23A. SIGNATI	_ H_ A/3	es stored door	e. Millian (and Moss)	View the body offer	deorn.	238 DA	ATE SIGNED
	/	Venhas	myn	gun any A	ending Med.	Staff	21	12/2:
	//	78 -	X O	OEGREE PI	ys. Directo	r Staff Phys.	0/	21/16
	NAME O	Minal on	· susi	200	23D. ADDRESS			/
	UK.	4	NAYAG	GEGRE		HOSPITAL	CATON &	WILKENS AVE
244	REMOVAL	MATION, 24B. E	ATE 24	C. NAME of CEMETERY OF C		24D. LOCATION	(City, town,	or county) (State)
	Burial		30-1972	Woodlawn Cemete	ery	Woodlawr	n, Maryla	nd
25A		BY HEALTH DE		ME OF REGISTRAR	25C. FUNERAL DI		, , ,	ADDRESS
	Alice o	1072	Talwey 1	Hardon			4107 Wilk	ens Ave. 21229
VS	150-REV. 1/1/	1312		7.0	The world It	Hobara,	TO! WIIN	
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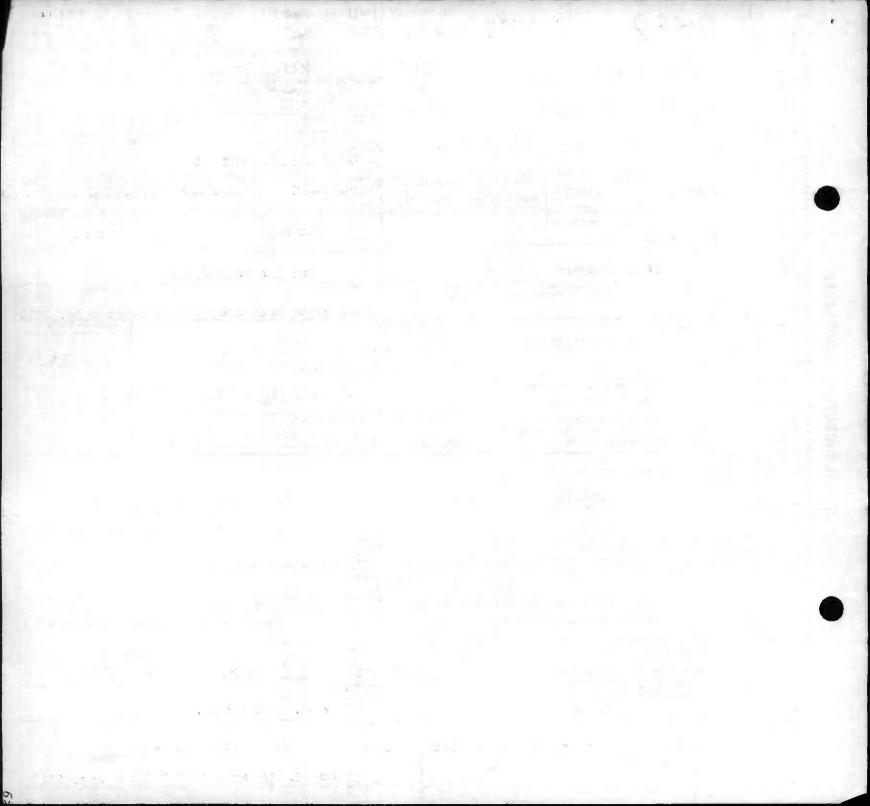
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

2 222	BALTIMORE CITY	HEALTH DEPARTMENT	72 08231
D-220 72 087	231 CERTIFICA	TE OF DEATH REG. NO.	OF MARYLAND-DHMH
T. NAME OF DECEASED	11 600	2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE	irthu M	august 25, 1	972 7:10 P M.
	KONOONCED DEAD	4. USUAL RESIDENCE LYN ere deceased lived, II	institution: iesidence before odmission)
I HOSPITAL OR ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	28-7
INSTITUTION	1 . 1 /	BALTIMORE	SIDE CITY LIMITS?
Johns Hopkins to	ospital	E. STREET AND NUMBER	123 [2]
<b>*</b>	*	4648 COLEHERNE RD	
FEMALE WHITE WIDE	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 12-25-91 9. AGE IIn years lost birthdoyl 80	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KI done during most of working life, even if refired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Homemaker		Germany	Germany
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Paul Niegsch		Matilda Matthesius	
15. Was Deceased Ever in U. S. Armed Forces? IYes, no or unknown) lif yes, give war or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Miss Helen Backhaus, 4648	Coleherne Rd 2122
18.427,01	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Preum	ionia - Chronic	
17his does not mean the mode al dying,	(A) IMMEDIATE CAU	SE	6 weeks
heart failure, asthenia, etc. It means the di	sease.	A CONSEQUENCE OF:	
injury or camplication which caused death.	Chian.	c obstructive lun,	diseuse
ANTECEDENT CAUSES	(8)		2(2)
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	giving DUE 10, OR AS	A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(c) Conn	estive Heart Fuil	c) L
z II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM	TING INAL		
O DISEASE OR CONDITION GIVEN IN PART 1 [A].		20A. AUTOPSYZ (Yes or No.) 208, IF YES, WERE	FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 [A].  19A-DATE OF OPERATION 19R CONDITION WAS PERFORMED 121A-ACCIDENT WAS UNDERLYING 1		IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Inofily medical examines	21& PLACE OF INJURY (e.g., in home, farm, factory, street of etc.)	n or obout 21 C. WHERE DID (If In Boltimo	re City, give exact location)
O 21D. TIME   Month)  Doy) (Year) (House	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not While		
22. I certify that (1) (this haspital) atten			
that (1) (we) last saw the decessed allow	ueu the deceased from	19and that in(my) (our) opi	19
			nion death accurred on the date
and hour and fram the causes stated abo	ve. (i) (me) (did) (did not) v	lew the bady after death.	DOOR DAYS SIGNIFE
Harry R. Jarolyn		nding Med. Staff	23 R. DATE SIGNED
23C. PHYSICIAN'S	OEGREE Phys	Med. Staff Phys. 330. ADDRESS	8-25-72
NAME (Type)		District the second second	
Harry K. Jacol 24A. BURIAL CREMATION, 124B. DATE 12	SO 7 DEGREE	HARRY R. JACOBSON.	
REMOVAL ISpecily)			ty, town, or county) (Stote)
Burial 8-29-1972 256. NATE REC'D BY HEALTH DEPK 1 256. NA	Loudon Park Ceme	tery Baltimore, Mar	
AUG29 1972 Decliny	1/2/www	25C. FUNERAL DIRECTOR	ADDRESS
VS 150-REV. 1/1/68	164	Howard H. Hibbard, 4107	Wilkens Ave. 212?



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

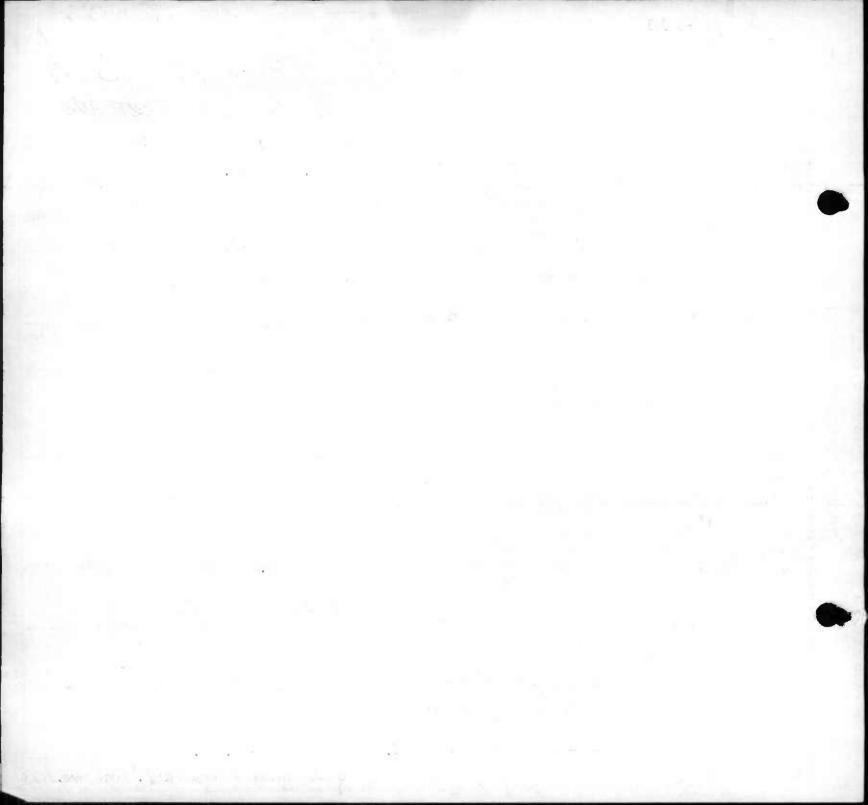
BALTIMORE CIT	TY HEALTH DEPARTMENT
81RH NO 353 72 08232 CERTIFICA	ATE OF DEATH REG. NO. 72 08232
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
2 LANDTI-OKD CHARTER	8/27/72 6AM. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. U.S.A 1207
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Union Memorial Hospital	RALTIMORE YES NO
onton removial respital	N. Charles St. Balto 18.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	S 12 2 7 S S Mindoy
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Body & Frends from A wto Stop	Maryland. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
mt known.	not Known.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO -	Chud D.M.H
18. 5 / 9. 3 1 + 3 7 / O CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(A) IMMEDIATE CA	SA CONSEQUENCE OF:
I want to make a second of the course and changes?	COULTY 13 1
ANTECEDENT CAUSES (B) Chr	one obstructive lung discon.
DISEASES OR CONDITIONS, if any, giving DUE 10, OR A nise to the above cause (A) staling the	oristractive Lung discon.  SA CONSEQUENCE OF: Liver cirrhosis
UNDERLYING CONDITION last. (C)	D-4000000000000000000000000000000000000
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
E TO THE DEATH BUT NOT RELATED TO THE TERMINAL    Continue of the Death But Not Related to the Terminal   Disease or condition given in Part 1 (a).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A).  19A-DATE OF OPERATION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING [7] [21B-PLACE OF INJURY (sec-	20A-AUTOPSYT IVes of No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	in or obout 21 C. WHERE DID (If in Boltimore City, give exect location) office bidg, INJURY OCCUR?
21D.TIME IMonthi IDayl IYean (Hour) 21E INJURY OCCURRED OF INJURY While At I Not Whi	21F. HOW DID INJURY OCCUR?
Approx.1   While At   Not White At   Work   At Work	ile 🔲
22. I certify that (1) (this hospital) attended the deceased from	8/13 1972 10 8/27 1972
that (H (we) last saw the deceased alive on 277	19 7 ond that in (my) (our) opinion death occurred on the date
and have and from the causes stated above. (4) (We) (did) (did not)	view the bady after death.
M, Shoce MID, AH	ending Med. Staff 77 238 DATE SIGNED
23C-PHYSICIAN'S  DEGREE	ys. Director Phys. A 7721112.
HAWYA SHOCAPR HA	Union Memorial Hospital Buttinon Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CE	REMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 8/ /72 SATERS	BALTO, CO, MD,
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR AGORESS
AUG29 1972 Andrown Com	Wash, Genover 3617 Chestand Ave

8/4/72 - Melchor N. H. 28/7 Miles ave.

QX

VS 150-REV. 1/1/68

M (AA) BAL	TIMORE CITY HE	ALTH DEPARTA	MENT	72	08233
72 08233 CE	RTIFICATE	OF DEA	TH REG	STATE OF	MARYLAND=DHMH
1. NAME OF DECEASED TO 11 - 1	011-1	2. 1	DATE AND HOUR	Gerran	700
(Type or Print)	DISEMA		8-26.	72	10 /M M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	AD 4.	USUAL RESIDEN	CE (Where deceased	lived. If institution	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV	E STREET	11/105	724	E. FOR	et Ave.
INSTITUTION OF HE & HOS	> O C.	CITY OR TOWN	.00 }	D. INSIDE CITY I	. –
CHURCH MOINE OF 1195	> P	STREET AND NU	MBER	YES X	NO
35 BALTO		724 8.	Fort Ave.		2.40-
5. SEX 6. RACE 7. MARRIED NEVER	MARRIED 8. E	ATE OF BIRTH	/ 9. AGE (In lost birthdo)	yeors If Under	or 1 Yr. If Under 24 Hrs. Doys Hours Min.
	VORCED [	2/23/	/3	59	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS done during most of working life, even if refired)	OR INDUSTRY 11.	BIRTHYLACE (State	le or foreign country)	12. CIT	IZEN OF WHAT COUNTRY?
FIREMAN, BALTO CITY		MA	RV/ AND	/	151
13. FATHER'S NAME	14.	MOTHER'S MAI	DEN/NAME '		
15. Wos Deceased Eyer in U. S. Armed Forces?   16. SOCIAL	1.4	INFORMANT	HeriNe	DYNDA	IN.
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURI	ITY NO. ""	INFORMANT	1. 1.	/	ADDRESS
No Unkau		HOS PIT.	AL Rec	ORds.	
DISEASE OR CONDITION DIRECTLY	SE OF DEATH				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	MMEDIATE CAUSE	( AND FA	1 ME FS	DHAGUS	6 MAG
	UE TO, OR AS A CO	INSEQUENCE OF:	V/2 = 2	(1) 194	
injury or complication which coused death.)					
ANTECEDENT CAUSES (B)	***************				
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the	UE TO, OR AS A C	ONSEQUENCE OF	F:		
UNDERLYING CONDITION lost. (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	A 0.11 - 1				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	RRHOSI	S OF LI	VER		-**************************************
198. CONDITION FOR WHICH OPE	RATION	20A. AUTOPSY? (Y	es or No) 20B, IF Y	ES, WERE FINDINGS	CONSIDERED
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF		1 1010 1441-0			
OR CONTRIBUTING CAUSE OF home, form, for perchange form, for etc.)	INJURY (e.g., in or lory, street, allice	bldg., INJURY OC	COK?	In Boltimore City, glv	re exoct locotion)
	CCHESTO	21E HOW	DID WHILE DOOR		
21 D. TIME (Month) (Doy) (Yeo) (Hous) 21 E. INJURY OF INJURY (APPROX.)	Not While	217. HOW	DID INJURY OCCU	KF	
Work L	At Work	5457	10	8-21-	73
22. I certify that (I) (this hospital) attended the decease that (I) (we) lost saw the deceased alive on 8		10	<u></u>	0-26-	
and hour and from the causes stated above. (1) (We) (did		19		(aur) apinion deo	th occurred on the dote
23A. SIGNATURE	/ (ala not) Atem	the body after	deoin.	23 B-DA	TE SIGNED
Dunaih Whiten M	Attending Phys.	Med.	Staff Phys.	X-	26-17>
23C. PHYSICIAN'S NAME (Type)		ADDRESS	111/2/		20 /
DERNARD YUKA	VA				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEN	AETERY of CREMA	TORY	24D. LOCATION	(City, town,	or county) (State)
	U (ent.		Balto.	M.	
25A. DATE REC'D BY HEALTH DEST. 25B. NAME OF REGISTRA		25C. FUNERAL D	IRECTOR		ADDRESS
AUG29 1977 Droky Whometon	No of	"Gubly	in unional h	ome 730 C.	Fort Ave. 2123



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

	CITY HEALTH DEPARTMENT
BIRTH NO.	CATE OF DEATH STATE OF MARYLAND-DHME
1. NAME OF DECEASED (Type or Print) CHARLET T. REA	PRICK 27 AUG. 7 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
HOUSE-IN-PINES, BELAIRE	E. STREET AND NUMBER
90	21 BROADSHIP
S. SEX  6. RACE  7. MARRIED NEVER MARRIED  NOVEL DIVORCED  DIVORCED	
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDI-	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
CHEMIST STEEL	PONNSYLVANIA U.J. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLED R REARICK	ELIZABETH STEELE
15. Wos Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown)   (If yes, give wor or doles of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT ADDRESS
18. / 2 . W W 24 2/3-07-93	94 LOUISE REARICK, AJ BROADSHIP 21927- DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	E CAUSElleute Cerebrossela Clearler 2 days
hearl foilure, asthenia, etc. Il meons the disease, injury of complication which caused death.)	DR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	1. Retirely
DISEASES OR CONDITIONS, if any, giving DUE TO, (	OR AS O CONSEQUENCE OF:
(B) Un	OR AS O CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving DUE TO, or ise to the above couse (A) stating the UNDERLYING CONDITION tost.  (C)  (C)	OR AS O CONSEQUENCE OF:  A K Brownth Aff by.
DISEASES OR CONDITIONS, if any, giving DUE TO, or ise to the above couse (A) stating the UNDERLYING CONDITION tost.  (C)  (C)	OR AS O CONSEQUENCE OF:  A K Bright Aft by.  Polymen I multiple metator. ASCLO
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION tost.  (C)	OR AS D CONSEQUENCE OF:  A K Bright Afthy.  Colone I multiple metator. ASCLO  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Colone E multiple metator. ASCLO  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
DISEASES OR CONDITIONS, if ony, giving put to the obove couse (A) stating the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	Colon I multiple metator. ASCLO
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DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. A CCIDENT WAS UNDERLYING WAS PERFORMED  21B. PLACE OF INJURY home, form, foctory, street)  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE) While At No.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) est, office bidg. NJURY OCCUR?
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DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. A CCIDENT WAS UNDERLYING WAS PERFORMED  21A. A CCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner)  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE While At Notwork At	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  (e.g., in or obout 21C. WHERE DID eet, office bidg, INJURY OCCUR?  (If in Boltimore City, give exact location) work   While Work   4/24/1972 ta  8/23/1972 and that in(my) (eer) aplnian deoth accurred on the date
DISEASES OR CONDITIONS, if any, giving nise to the above couse (A) stating the UNDERLYING CONDITION tost.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).    19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   21B. PLACE OF INJURY home, form, foctory, street.   21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE OF INJURY (APPROX.)   While At   Not Work At   At   Not Work At   Not   Not Work At   Not   Not Work At   Not   Not Work At   Not   N	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) eet, office bldg., INJURY OCCUR?  (If in Boltimore City, give exact location)  21F. HOW DID INJURY OCCUR?  (While Work 1972 ta 1972 and that in (my) (ear) aplnian deoth accurred on the date not) view the body ofter death.  Attending Med. Staff 1972 2
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION tost.  OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  OF INJURY (APPROX.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE While At Notwork At 22. I certify that (I) (this baspitel) attended the deceased from that (I) (ma) last sow the deceased alive an and hour and from the causes stated above. (I) (Wall (Ma)) (did to 23A. SIGNATURE  DISEASE OR CONDITIONS, if any, giving the UNDERLYING LAND AND AND AND AND AND AND AND AND AND	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  (e.g., in or obout 21C. WHERE DID INJURY OCCUR?  (If in Boltimore City, give exact location) eet, office bidg. NJURY OCCUR?  (While Work 1972 ta 127/1972.  8/23/1972 and that in(my) (eer) aplnian deoth accurred on the date mat) view the body ofter death.  Attending Med. Staff Physics 123B. DATE SIGNED
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CHOCK OF INJURY (APPROX.)  21A. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE (APPROX.)  22. I certify that (I) (this baspital) attended the deceased from that (I) (may last sow the deceased alive an and hour and from the causes stated above. (I) (Was Last) (did to 23A. SIGNATURE	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  (e.g., in or obout 21C. WHERE DID eet, office bldg., INJURY OCCUR?  (If in Boltimore City, give exact location)  21F. HOW DID INJURY OCCUR?  (While Work 1972 ta 1972 and that in (my) (eer) aplnian deoth accurred on the date nat) view the body ofter death.  Attending Med. Staff Phys. 23B. DATE SIGNED Phys. Phys. 1972
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION tost.  OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  OF INJURY (APPROX.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE While At Notwork At 22. I certify that (I) (this baspitel) attended the deceased from that (I) (ma) last sow the deceased alive an and hour and from the causes stated above. (I) (Wall (Ma)) (did to 23A. SIGNATURE  DISEASE OR CONDITIONS, if any, giving the UNDERLYING LAND AND AND AND AND AND AND AND AND AND	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  (e.g., in or obout 21C. WHERE DID eet, office bldg., INJURY OCCUR?  (If in Boltimore City, give exact location)  21F. HOW DID INJURY OCCUR?  (While Work 1972 ta 1972 and that in (my) (eer) aplnian deoth accurred on the date nat) view the body ofter death.  Attending Med. Staff Phys. 23B. DATE SIGNED Phys. Phys. 1972
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DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY (APPROX.)  22. I certify that (I) (this baspite) attended the deceased from that (I) (mo) last sow the deceased alive an and hour and from the causes stated alive an and hour and from the causes and from the cause of the form of the cause of the form o	20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    (e.g., in or obout   21C. WHERE DID   (If in Boltimore City, give exact location)   INJURY OCCUR?    While

The second secon	
	N. C.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

1	1511	BALTIMORE CITY	HEALTH DEPARTMENT		170 0000-
2	) -63 9 /2 RTH NO.	08235 CERTIFICA	TE OF DEATH	REG. NO.	
1.	TANTE OF DECEASED (3)			ND HOUR OF DEATH	OF MARYLAND-DHMH
	Pe or Print) ALAN DRUMH	ELLER	ALLG	27 1922	1 8 50 any
3.	PLACE IN BALTIMORE, MARYLAND, WHERI	PRONOUNCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	ere decedsed lived. If i	institution: residence before admission)
FI	JLL NAME OF (IF NOT IN HOSPITAL CONTROL OF ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	MARYLAND		2102
II.			BALTIMORE	D. INS	SIDE CITY LIMITS?
,	SOUTH BALTIMORE GENE	ERAL HOSPITAL	E. STREET AND NUMBER		YES NO
	+3		1324 WAB	HINGTON	BLVD - 21230
5.	SEX 6. RACE 7. N	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.
10,	WI USUAL OCCUPATION (Give kind of work 10B.	DOWED DIVORCED DIVORCED	10-15-26	45	
do	during most of working life, even if retired)		11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	uching to.	14 MOTHER'S MAIDEN NA	ma	4.51.
	Stewart 10 and	0.11.	The same of the sa	B B	
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) Uf yes, give war or dates of	16. SOCIAL	17. INFORMANT	C. Isu	ADDRESS
1	40 Rosea Was	SECURITY NO.	0. 9	0 11	1221 70 1 80 1
	18.410 9	CAUSE OF DEATH	your mal a	Trumpeller	- 1924 Most. Stud.
	DISEASE OR CONDITION DIRECT	LY			BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dyin	(A)IMMEDIATE CAU		HAL INFA	oc Cron
	heart failure, asthenio, etc. It means the injury or complication which caused deat	disease.	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES		LITE CLANKING	14 TA)SILEEI	CIENTY
	DISEASES OR CONDITIONS, if ony,	giving (B)	A CONSEQUENCE OF:	Jansupri	Cre-Cy
	rise to the obove cause (A) stati	ng the (c) Ath	ero schlerote	Cardwa	scular disease
-	ll s				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB	RMINAL			
SE	DISEASE OR CONDITION GIVEN IN PART 1 (A	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208. IP YES. WERE	FINDINGS CONSIDERED
CERTIFIC	WAS PERFORM	ED	NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, off etc.)	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Baltimor	re City, give exact facation)
MEDI	21D-TIME (Month) (Day) (Year) (He OF INJURY		21F. HOW DID IN.	URY OCCUR?	
	(APPROX.)	While At Work Not While At Work			
	22. I certify that (I) (this hospital) atte		heg 16	19 72 to Q	ug 21 1922
	that (i) (we) last saw the deceased all			at In(my) (aur) apl	nion death accurred on the dote
	and haur and from the causes stated al 23A. SIGNATURE	bave. (1) (We) (did) (did not) vi	ew the bady after death.		
	1 1 4	MD Atten	ding Med.	Shelf CA	23B, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director U	Shaff Phys.	
		TORRET HD	2506 W. DAT	APSCO AVE	ATT-12 Ball. Mc
24/	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CREA	/5		ty, lawn, or county) (State)
-	Russia 8/3//75	They foureday T	6 em	10	orse Res
25	AUG29 1972	NAME ON REGISTRAR	25C. FUNERAL DIRECTOR	//	ADD HISS
VS	150-REV. 1/1/68	AMI AMI A	John Jobo	way thou	Inc. Hollings
			7		21223

MYCHARA Terrore

ACUTE LIEBERT INCOME CONTRACT

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burne I term no sou a morrison in a

**EXAMINER'S** 

NAME (Type)
24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT

REMOVAL (Specily)

BURIAL

VS 151-REV. 7/1/68

Marvin S. Platt, M.D.

NEW

25B. NAME OF REGISTRAR

12

24B. DATE

72 08236 STATE OF MARYLAND DARFMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO. t. NAME OF DECEASED Knawn X 2. DATE Month Year Hour (Type or Print) CLARENCE W. RYAN OF 7:12 A. M. August 24, 1972 Estimated DEATH Hour 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF 24 1972 August 7:12 A. HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY St. Agnes Hospital Maryland HOW HARD D. INSIDE CITY LIMITS? C. CITY OR TOWN 6. SEX 7. RACE 8. MARRIED X NEVER MARRIED NOODBINE White NO X Male WIDOWED DIVORCED . YES \_ 10. AGE (In years last birthdoy) If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 9. DATE OF BIRTH Months, Days, Hours, Min. 12/11/22 2939 Duvall Road tt. BIRTHPLACE (State or foreign country) 13. FATHER'S NAME 12. CITIZEN OF WHAT COUNTRY? WILLIAM H. RYAN MARVLAND 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of warking lile, even if retired) SADIE COOK U.S. GovE. PLASTER ER 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS 2939 DUVALL RD (Yes, no orunknawn)(if yes, give war or dotes of service) MRS ANGELA M. RYAN 213-12-1075 WWIT WOODBINE MD APPROXIMATE INTERVAL 19. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A)IMMEDIATE CAUSE Multiple injuries - crushed chest LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fotture, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** (8) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 120B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes 228.PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact location) home, form, factory, street, office bldg., etc.) INJURY OCCUR?

Highway

State Rte. #32 and #1// 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. State Rte. #32 and #144 22D. TIME (Month) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Doy) (Year) (Hour) OF INJURY WHILE AT NOT WHILE (APPROX.) AT WORK 8-24-72 6:15 Am Driver in auto-truck collision WORK 23. I certify that I held on Inquiry Inspection \_\_\_ Autopsy X and that on this basis, death in my apinion resulted from: Natural causes Accident X Sulcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE

24C. NAME of CEMETERY or CREMATORY

CATHEDRAL

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

24D, LOCATION

August 24, 1972

(State)

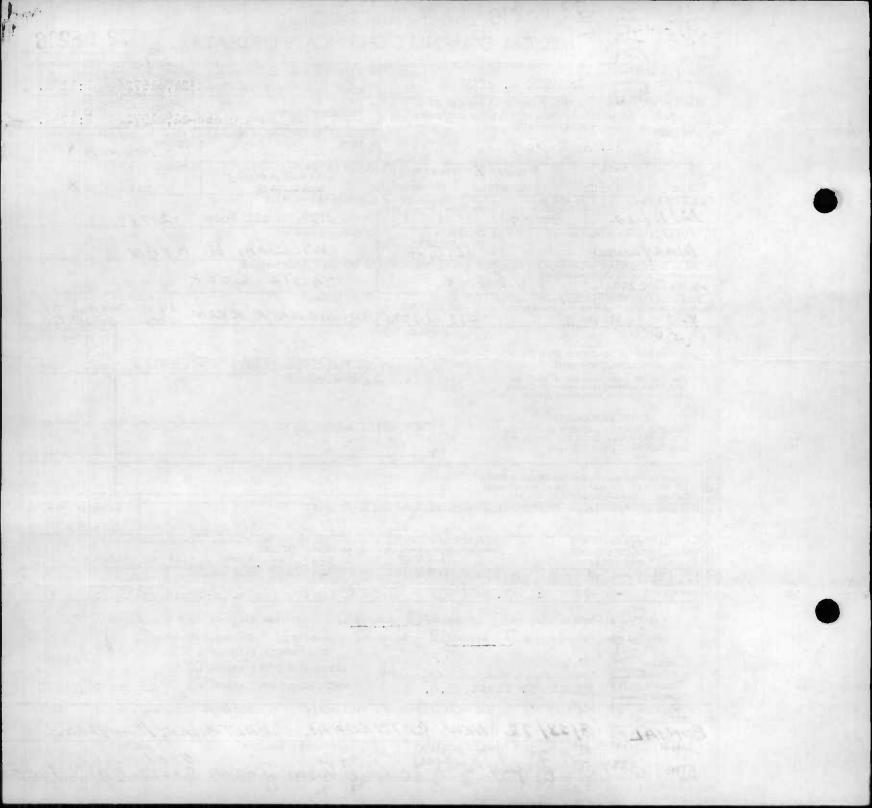
(City, town, or county)

ADDRES5

BALTON NATIL

BALTIMORE, MARYLAND

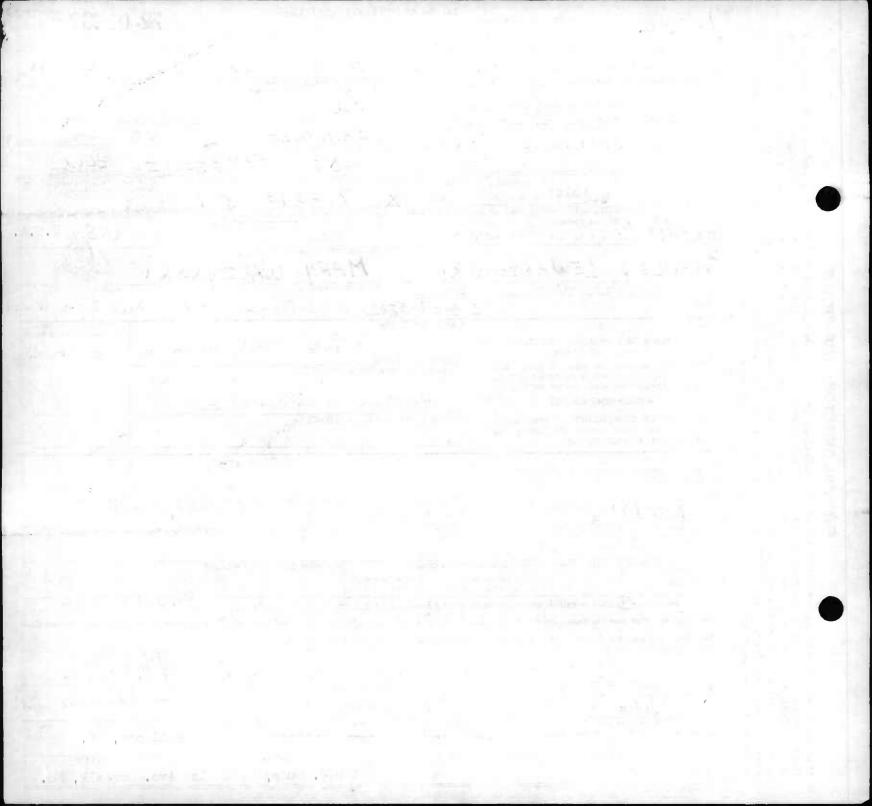
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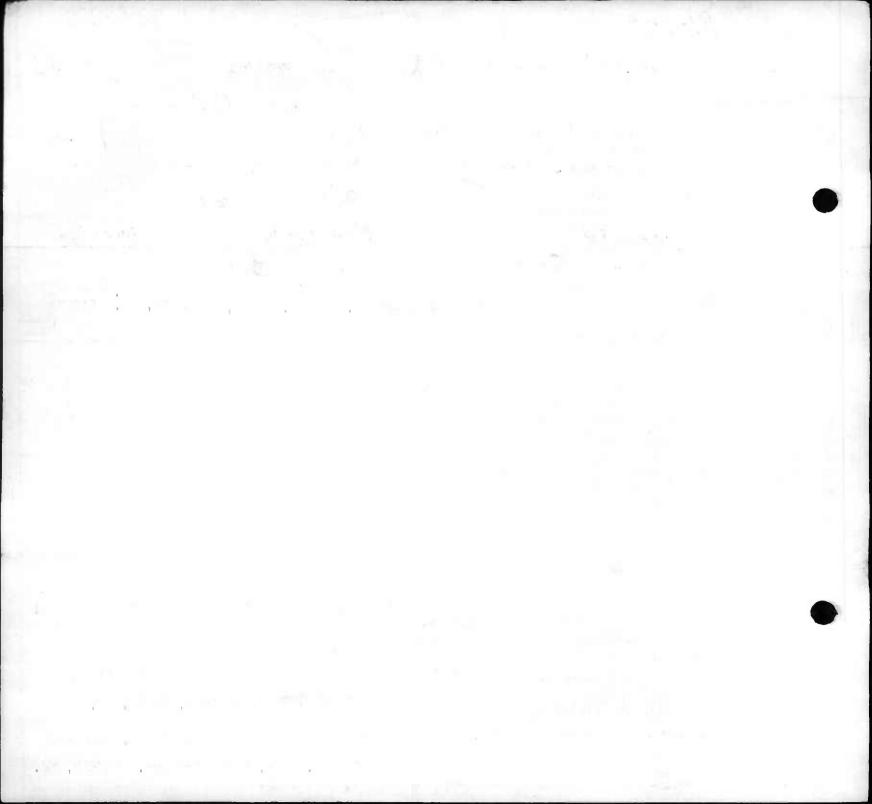
FUNERAL DIRECTOR: IMPORTANT

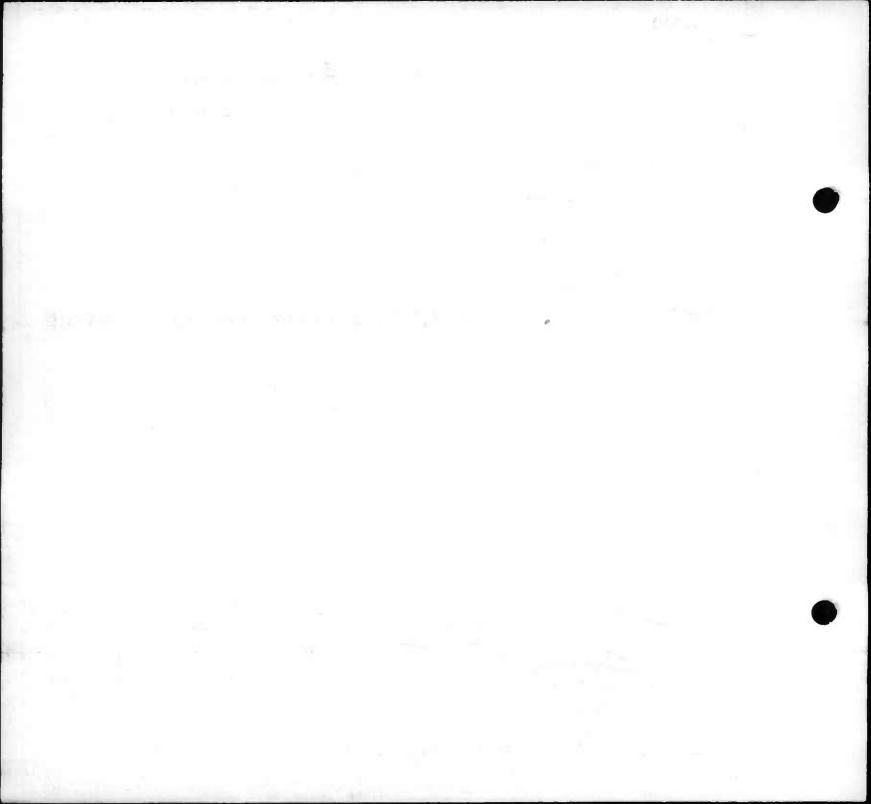
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE (	CITY HEALTH DEPARTMENT
1-532 72 08237 CERTIFIC	CATE OF DEATH X REG. NO. CO CO MARYLAND-DEME
1. NAME OF DECEASED Stephen Lewandowski	NEN 2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
FULL NAME OF OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!  INSTITUTION Baltimore General Hospital	C. CITY OR TOWN D. INSIDE CITY LIMITS?
South Baltimore StWERAL	E. STREET AND NUMBER
43	459 PEMBROOKE BLIL
5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   DIVORCED	7/25/15 lost birthdoy! Months Day's Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
DENTAL TECHNICIAN EMPLOYED	Pennsylvanis U.S. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
STANLEY LEWANDOWS KI	MARY WARZYNSKI
15. Wee Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS
Yes WWII 213-07-9	182 I. V. OTAGRI M.S. 3001 S. HANOVERS
18. / 60 . 2 1 CAUSE OF DE	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE CARCIMOMOTIOSIS 6 Mouths
This does not mean the mode of dving. e.g. (A)IMMEDIATE	CAUSE AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
ANTECEDENT CAUSES	RAC CARCINOTIA
	AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	Part of the second
11	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
▼ IDISEASE OR CONDITION GIVEN IN PART 1 (A).	100 A
19A. DATE OF OPERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED PER FORH	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (c.	gy in or obout 21 C. WHERE DID (If in Bottimere City, give exect location)
DEATH (notify medical examiner)	office bldg. INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At W.	Yhile O
22. I certify that (1) (this hospital) attended the deceased from	8/20/12 19 10 8/23/72 19
that (1) (we) lost saw the deceased alive on 8/23/72	19and that in(my) (our) apinian deoth accurred on the date
and hour and from the causes stated above. (1) (We) (dld) (dld not	) view the body ofter death.
23A, SIGNATURE	23R DATE SIGNED
DEGREE !	Attending Med. Staff Phys. 9/23/)2
23C. PHTSICIAN'S NAME (Type) V. MASPI 7.8.	3001 S. HANOVER ST, BAHINORE M.
24A. BURIAL CREMATION, 24R. DATE 24C.NAME of CEMETERY OF Burial 8/26/72 Sacred Heart of	CREMATORY 24D. LOCATION (City, town, or county) (Stote)  f Marys Cemetery Baltimore, Md.
25A. DATE REC'D AT HEALTH DEPT.	
AUG29 1912 Tropy Milosoft	John J. Duday 7922 Wise Ave. Dundalk, Md.
VS 150-REV. 1/1/68	The man was pulled by the



1	M-(22) BALTIMORE CITY HEALTH DEPARTMENT 72 08238								
ath the the	SIRTH NO. CERTIFICATE OF DEATH STATE OF MARYLAND-DHMR								
deatl deatl cease on th	Type or Phint Myers, MRS. ALICE R. 8/23/72 8 23 AM.								
+ + 0 -	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)  A. STATE  B. COUNTY								
Z N - D 0	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  INSTITUTION  INSTITUTION  ID. INSIDE CITY LIMITS?								
2 0 0	Church Home + Hospital BALTIMORE VES NO EL-								
rior at rior	BALTIMORE, MARYLAND STREET AND NUMBER 3518 Louth ROAD								
occurre ontribut ermined regular eased p	5. SEX  6. RACE  WIDOWED  DIVORCED  8. DATE OF BIRTH  A 2/0 8  9. AGE (in yeors lift Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.								
determing record	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?								
dea Und as i	Housewife New YORK AMERICA								
÷ 50 (4)	William CASEY MARY DALEY								
sistant the di kind; death nce on	15. Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT (Husband) 3518 Louth Rd. 21222  17. INFORMANT (Husband) 3518 Louth Rd. 21222								
his as fo, if fany nced endai	18. 145.91 CAUSE OF DEATH BETWEEN ONSET AND DEATH								
- <u>- 0</u> 0 0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE								
	It his does not mean the mode at dying, e.g., DIF TO OP AS A CONSEQUENCE OF								
miner. fractulo progular embal	ANTECEDENT CAUSES (?) Liver and line:								
A A S S	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the								
(3)	UNDERLYING CONDITION last. (C)								
medical medical of burns; (3 physician an was in remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  10 CERTIFYING CAUSES OF DEATH?								
P	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
the chi al by a (2) Bo ere the physi efore t	OR CONTRIBUTING CAUSE OF LITTLE OF CAUSE OF LITTLE OF CONTRIBUTION OF CONTRIBU								
	1 S IDEATH (nativ medical examine) (etc.)								
	21D. TIME (Manth) (Doyl (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Work At Work								
pro the ny an	22. I certify that (1) (this hospital) attended the deceased from 7 / 2 7 19 72 to 8 / 23 / 19 72								
E	that (1) (we) lost saw the deceased alive an 8/32/19 19 (2) and that in(my) (our) opinion death occurred on the date								
dent of a dent of a lospital ( death); must be	ond hour ond fram the causes stated above. (1) (We) (did) (did net) view the bady after death.  23A. SIGNATURE								
3 0.2 2 2	25 Physical Staff   Med. Director   Staff   S/23/72.								
y was rel (1) An acc 3.A. at a b d prior to approval	NAME (Type)  Chunch Home & Hometal Delta Ma								
body was vs: (1) An D.O.A. at ased pric	The state of the s								
L-B O B -	24A. BURIAL CREMATION, REMOVAL (Specify) 8/26/72   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, town, or county) (Stote)   Baltimore, Maryland								
This cethe books: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25R. NAME OF REGISTRAR JOHN J. Luda, 7922 Wise Ave. Dundalk, Md.								
4>0>	VS 150-REV 1/68 1972 The Market Called The Company of the Company								

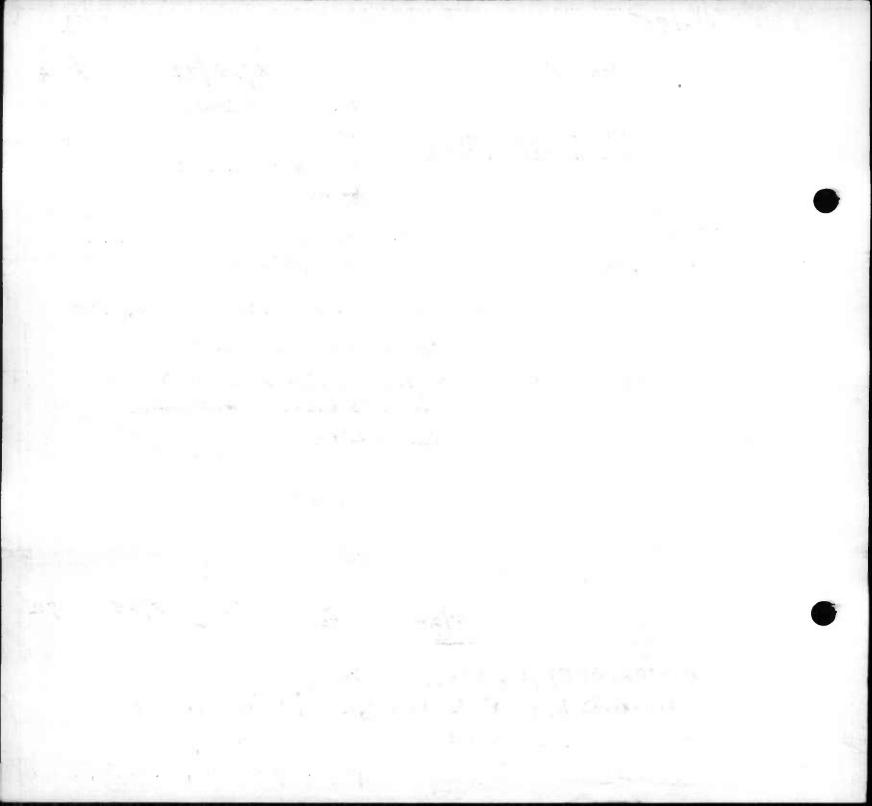




VS 150-REV. 1/1/68

TOTAL MARNONE REWISE TO ASSET THE REPORT OF THE PROPERTY OF Less in the market interest the second as th pend forlare. C. . Later the special of the said gratery supervised for it is the dy 2: 1/2 26/4/2 Just franch To-Ahime when

11/12				Y HEALTH DEPARTMENT	,	MO GODATA
BIRTH NO.	72	08241	CERTIFICA	TE OF DEATH	REG. NO.	E OF MARYLAND-DHM
1. NAME OF DEC	CEASED			2. DATE A	NO HOUR OF DEATH	
	Louisa Nort	on			8/25/72	. 1 3 A
3. PLACE IN BA	TIMORE, MARYLAND, W	HERE PRONOUNC	ED DEAD	A. STATE B. COU	ere deceased lived. If	institution; residence belose odmis
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTIO	N, GIVE STREET		altimore	5 500
INSTITUTION				C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
90	Century F	lome, Inc		Edgemere  E. STREET AND NUMBER		YES NO
10	102 N. Pa	ica St. 2	21201	3108 Lynch	Rd 2121	9
5. SEX	6. RACE	7- MARRIED T	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. II Under 24
F	W	WIDOWED	DIVORCED	9-16-1882	lost birthday	Months Doys Hours M
10A. USUAL OCC	UPATION (Give kind of world			11. BIRTHPLACE (Stole at fa	reign countryl	12. CITIZEN OF WHAT COU
Tailor	working life, even il retired)	Haas Cl	othing Co.	Maryland		U.S.A.
13. FATHER'S NA	ME		3 3	14. MOTHER'S MAIDEN NA	AME	0.00.15
William	H.Norton			Mary M.Schoe	blein	
15. Was Deceased	Ever in U. S. Armed For	ces?   16.	SOCIAL	17. INFORMANT		ADDRESS
NO NO	Of yes, give war ar date		SECURITY NO.	Mr. George T	Mizer 3108	Lynch, Rd. 21219
18.///	17.	41	5018096		WITHEL DIGO	APPROXIMATE INTERV
hearl failure, injury ar cor DISEASES ( rise Ia Ih	nal mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.	the disease, death.)	Carter (B) Gen	A CONSEQUENCE OF:  A CONSEQUENCE OF:	CUH!	clesi
	FICANT CONDITIONS CO					
U 19A DATE OF	ONDITION GIVEN IN PAR	DITION FOR WHIC	H OPERATION	20A. AUTOPSY? (Yes at N	lo) 20B. IF YES. WERE	FINDINGS CONSIDERED
O STEE	WAS PERI			No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING DITING CAUSE OF medical examiner	21B. PLA hame, fo etc.)	CE OF INJURT (e.g., i um, factory, street, a	in at about 21 C. WHERE DID lifice bldg., INJURY OCCUR?	(If In Baltimo	are City, give exact lacation)
OF INJURY	(Month) (Doyl (Year)	(Hourl 21E, INJ	URT OCCURRED	21F. HOW DID IN	JURT OCCUR?	
(APPROX.I		While A Work	Nat While			
22. I certify	that (1) (this hospital			1114	19 72 to	8/25 197
	last saw the decease		8/24	19.72 and t		Inion death accurred on the
			- 1	view the body after death.		The second second second second
23A. SIGNATE			D.			23 B, DATE SIGNED
lin	Card Col	terpes.	A I Dhu	minding Med. Director	Staff Phys.	
23C. PHYSICIA	N'S	1	DEOREE	23D. ADDRESS		
(0)						
Lec.		OP(ETE	ON OL	1061 The	2 Herster	- Ka
24A. BURIAL CRE	MATION, 24R, DATE	POPCETE P	DEGREE OF CR	6615 Per EMATORY 24D.	2 der 5 th	City, tawn, or county) (Sto)
	MATION, 24R, DATE	24C. NAME	DEGREE al CEMETERY OF CR	EMATORY 24D.		
Burial CRE REMOVAL (	MATION, 24B, DATE Specify)	24C. NAME	ol CEMETERY OF CR	EMATORY 24D.  B  25C. FUNERAL DIRECTO	altimore, Mar	ryland ADDRESS
REMOVAL ( Burial	MATION, 24R DATE Specify) Aug. 28	-72 Oak La	ol CEMETERY OF CR	EMATORY 24D.  B  25C. FUNERAL DIRECTO	altimore, Mar	ryland



2SA. DATE

29

VS 150-REV. 1/1/6B

49-00-12

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a hospital

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Such

	1/ 1/1			BALTIMORE CITY	HEALTH DEPARTMENT		15 08545
В	rth NO.	72	082	12 CERTIFICA	TE OF DEATH	STATE OF	MARYLAND-DEET,
	NAME OF DECE ype or Print)	Keffer, Ivor	v		2. DATE AI	ND HOUR OF DEATH	0 11.08/
3.	PLACE IN BALT	MORE, MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceosed lived. If	institution: resident before odmission)
FU	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Maryland C. CITY OR TOWN		SIDE CITY LIMITS?
ST BUIL		e City Hospit	als		Baltimore		YES NO 🗌
A113		tern Avenue			E. STREET AND NUMBER	W- 210	0.4
	Baltimore	e, Maryland	21224		6118 Fortview		
	Female	6.RACE Caucasian	7. MARRIED	<b>T</b>	6-16-04	9. AGE (In years lost birthday)	If Under 1 Yr. Hours Min.
					11. BIRTHPLACE (State or lore	eign country)	12. CITIZEN OF WHAT COUNTRY?
do		vorking life, even if retired)			West Virginia		U.S.A.
13	Housew				14. MOTHER'S MAIDEN NA	ME	
	Chamles I	E773			Margaret Lest	or	
15.	Charles V	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17 INICODA ANT		ADDRESS
(Y-		(It yes, give war or date	s of service)	233-07-2030D	BCH: RECORDS	4940 Easter	
-	NO 18. 7 1/			CAUSE OF DEATH		Dar Cimore,	APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DIE	RECTLY				BETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A) IMMEDIATE CAU	SE Recurrent	Pneumo	mia 25 days
	heort foilure,	ot meon the mode of osthenio, etc. It meons	the diseose		A CONSEQUENCE OF:		
		plication which coused	deoth.)	Dis			
		R CONDITIONS, if		(B) FALKIN	A CONSEQUENCE OF:		26 yrs
	rise to the	obove couse (A) CONDITION lost.					
ATION	DISEASE OR CO	II CANT CONDITIONS COI H BUT NOT RELATED TO TO DONDITION GIVEN IN PAR	HE TERMINAL				
CERTIFIC	19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	NO		FINDINGS CONSIDERED AUSES OF DEATH?
CALCE	OR CONTRIBU	TING CAUSE OF	) 21E hor etc	ne, torm, loctory, street, of	or obout 21C. WHERE DID ince bldg., tNJURY OCCUR?	(If in Boltime	ore City, give exoct location)
2		(Month) (Doy) (Year)		. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
2	(APPROX.)		W	nile At Not While			
	22. I certify	that (1) (this hospital	) attended t	he deceased from 7	123/12	19 to 8	124/12 19/2.
		last saw the decease		8/24	19 72 and th	hat in(my) (our) op	pinian death occurred an the date
				,	iew the body after death.		
	23A. SIGNATUI	RE 1	,			1/	23B. DATE SIGNED
	mis	osler that	nem	OEGREE Phys	nding Med. Director	Staff Phys.	8/24/12
	23C. PHYSICIAI NAME (Ty		M17.		23D. 4940 Eastern	Avenue Bal	timore, Maryland
24	A. BURIAL CREA	MATION, 24B. DATE	24C, N	AME OF CEMETERY OF CRE	MATORY 24D. I	LOCATION (	City, town, or county) (State)
	Burial	pecify) 8-28-72	Н	olly Hill Memo	W	hite Marsh,	

Holly Hill 258. NAME OF REGISTRAR LEY SALVEY al Gardens Memorial REC'D BY HEALTH DEP John Jy Wise Ave. Dundalk, Md. 21222 1972 Duda (7922

othe hospital by a medical examiner or mison the hospital by a medical examiner. Also, any nature; (2) Body burns; (3) A fracture of an except where the physician who pronounce; and (6) No physician was in regular attende obtained before the remains are embalmed of	. 11		
terrincate must be approved by the chief medical examiner of his assisted was released to the hospital by a medical examiner. Also, if two: (1) An accident of any nature; (2) Body burns; (3) A fracture of any is D.O.A. at a hospital (except where the physician who pronounced eased prior to death); and (6) No physician was in regular attendanten approval must be obtained before the remains are embalmed or fi	r final disposition is made.	kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the	he direct or contributing cause of death
sho sho was dec	deceased prior to death); and (6) No physician was in regular attendance written approval must be obtained before the remains are embalmed or first to the second s	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any k was D.O.A. at a hospital (except where the physician who pronounced d	this certificate must be approved by the chief medical examiner of his assisted body was released to the hospital by a medical examiner. Also, if the

1/ 0.11	BALTIMORE CITY	HEALTH DEPARTMENT	,	72 08243
HIRTH NO. 72 0824	3 CERTIFICA	TE OF DEATH	REG. NO.	OF MARYLAND-DHMI
1. NAME OF DECEASED (Type or Print) HASLUP, BESSIE F	REBECCA	AUGUS	ST 23, 197	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT		stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT	TUTION, GIVE STREET	MARYLAND	BALTIMORE	3300
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSII	DE CITY LIMITS?
CT ACMES HOSPITAL		Catonsville		YES NO V
ST. AGNES HOSPITAL		619 ALDERSH	OT RD. 21	1229
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED		. AGE (In years	If Under 1 Yr. , If Under 24 Hrs. Months! Doys Hours Min.
FEMALE CAUSASIAN WIDOWED	DIVORCED	12/04/80	osl birthday) 91	Tradition Doy's Troping
IOA. USUAL OCCUPATION (Give kind of work 10 B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Home	MARYLAND		U.S.A.
Homemaker		14. MOTHER'S MAIDEN NAM	(F	
FRANCIS LAWRENCE			PPLEBY)	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	WIL	KENS POESTON AVES
No		-J1 ST. AGN	ES' RECORE	
18. //	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	ANNAMEDIATE CALL	SE DISSECTING AST	DOMINO BOOT	ILC MAKHOWN
(This does not mean the made al dying, e.g.	DUE TO, OR AS		JEURYSM.	MORNOS VI
heart failure, asthenia, etc. It means the disease injury ar camplication which caused death.)	•			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, giving	(B)OUE TO, OR AS	A CONSEQUENCE OF:	-,	
rise to the above cause (A) stating the				
UNDERLYING CONDITION last.	(c)			
_ II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		0.		
		T		
194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING 121	9 PLACE OF INITIANY	NO	(15 1 · D - hat	City also a disease of
OR CONTRIBUTING CAUSE OF ho	B. PLACE OF INJURY (e.g., in me, form, factory, street, of c.)	fice bldg., INJURY OCCUR?	(It in Bottimore	e City, give exoct locotion)
O 21D. TIME (Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
OF INJURY  (APPROX.)	hile At Not While			
A.	ork L At Work		70 110	1107 22 72
22. I certify that (I) (this hospital) attended			9 /Z to PUG	031 23, 19./4.
that XIX (we) last sow the deceased alive on.	AUGUST 23	19 / 2 ond the	ot in (Xa) (our) opin	nion deoth occurred on the date
and hour and from the couses stated above	(%)XWe) (did)X(XXX v	iew the body ofter death.		
23A. SIGNATURE			/	23B. DATE SIGNED
Robert W. ashm	ow MD Atto	nding Med.	Staff Phone	8/23/72
22.5. 201451.51.4.51.5	DEGREE	23D. ADDRESS	Phys.	
ROBERT W. ASHMO		ST. AGNES H	OSPITAL	BALTO MD
	GEGREE	WILKENS & C.	ATON AVES	21229
24A. BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY OF CRE	MATORY 24D. LC	OCATION (Ci	ty, town, or county) (Stote)
Burial 8-26-72 Spi	ringfield Ce	metery Sy	kesville	Carroll Md.
The state of the s	OK REGISTRAP	25C. FUNEPAL DIRECTOR		ADDRESS
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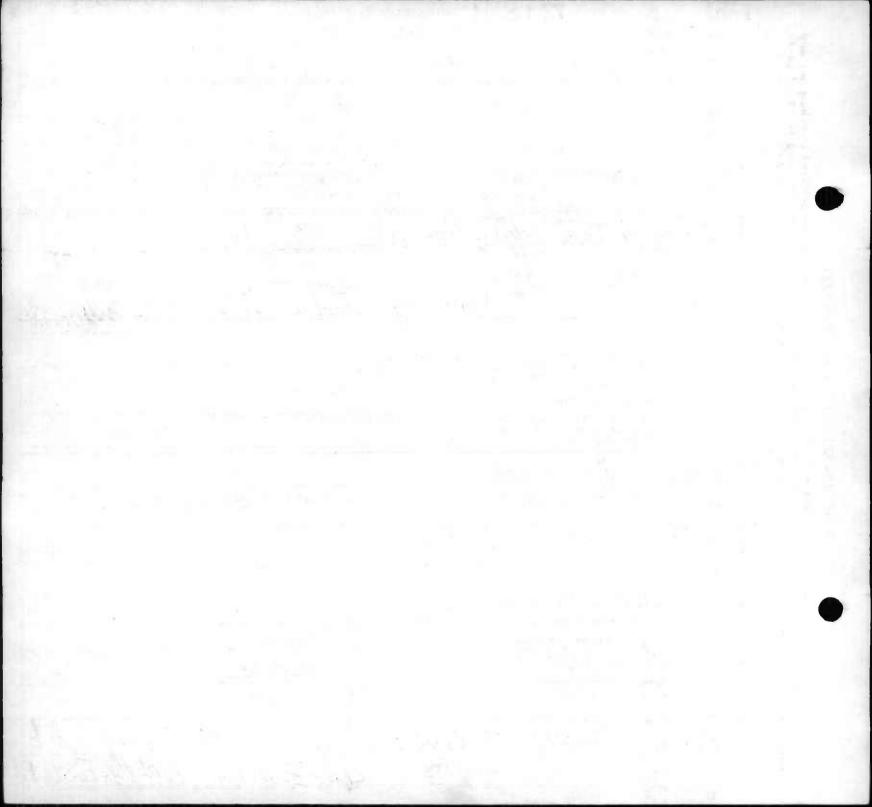
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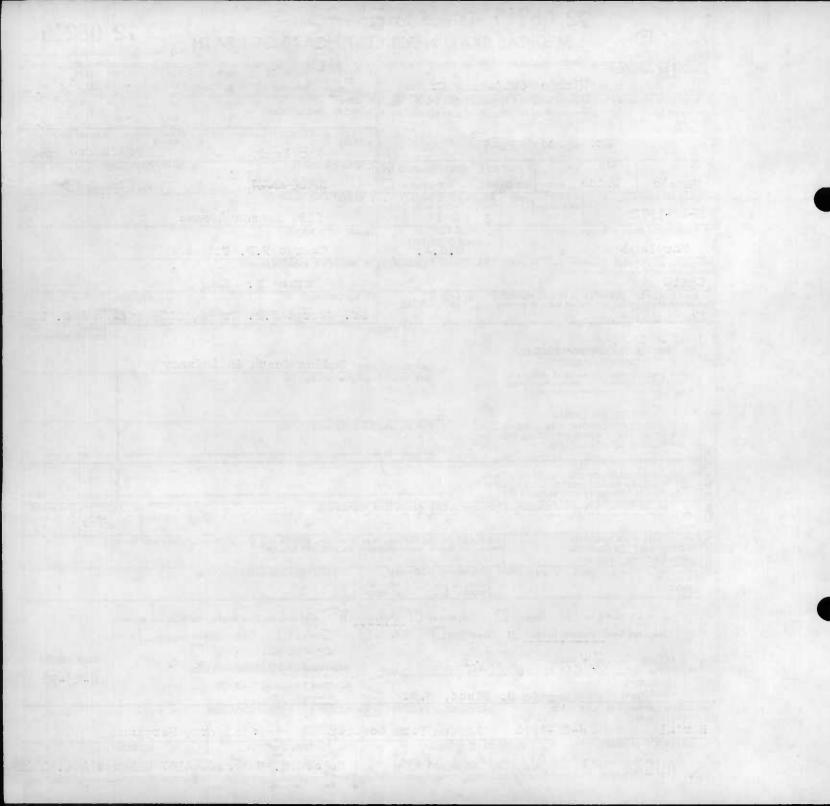
## FUNERAL DIRECTOR: IMPORTANT

pital and of death Such Deceased HO hospital death. ance Undetermined cause; (5) Cause attend 0 prior contributing is made. regular eceased disposition 5 Was 3 eath E O fina 10 pronounce attend embalmed fracture of regular who are 4 physician remains Was burns; cian Body the 8 to the hospital by any nature; (2) where 2° be obtained 9 (except and An accident of hospital death) must 0 approval U prior to shows: (1) pespese Wds D.O.

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH STATE OF MARYLAND-DHMS I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) -25-72 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence Bathow M.D. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OF C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE Union Memorial Hoopital. Baltimore M.D. YES 🗸 NO 🗌 E. STREET AND NUMBER 3825 White Auc, Baltimore M.D. 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years Il Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. white M WIDOWED X DIVORCED 10A. USUAL OCCUPATION [Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 4 MOTHER'S MAIDEN NAME SARAH ANG 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) III yes, give war or dotes of service) SECURITY NO. 17. INFORMANT 207-05-896 CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, lactory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined) 21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21& INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROXI Work 22. I certify that (4) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an.... 19. 2.2 and that In(my) (aur) apinion death occurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238 DATE SIGNED Attending 8-25-72 Med. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Typel Baltimore M. A HOSPITAL UNION MEMORIAL 24A. BURIAL CREMATION, 248. DATE 24D. LOCATION REMOVAL (Specify) RKWOOL IMORE emer ery AUG29 BY HEALTH DEPT! 258, NAME OF REGISTRAR VS 150-REV. 1/1/68

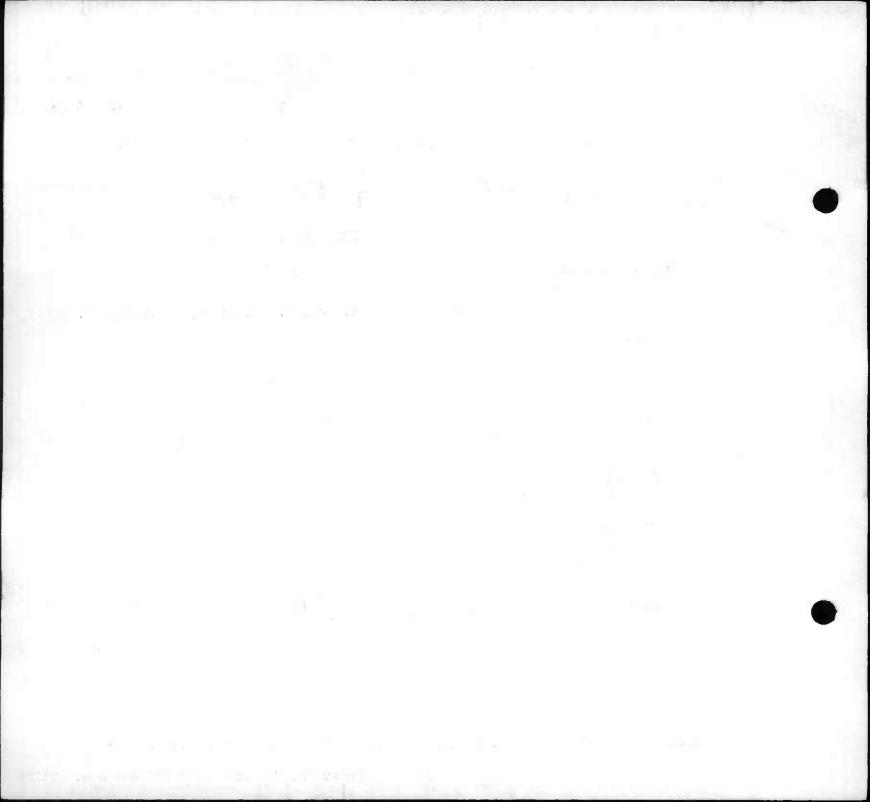


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(Type or Print)		Nickie	Chir	istir	ne Grimm	OF	Estimoted [		24			5 B
4. PLACE IN B						3. DATE	Zamnored E	Month	Day	. 72 Ye	or Hour	5 Р. м.
FULL NAME OF					, GIVE STREET		UNCED DEAD	8	24		4:4	5 P. M.
OR INSTITUTION	) St.	Agnes	Hosp	ital		A. STATE	RESIDENCE (Wh		B. COUN	ITY	nce belore o	dmission)
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Child								P. La	ng			
16. WAS DECEA	SED EVER IN	U.S. ARMED	FORCES	7 17.	SOCIAL SECURITY NO.	18. INFOR	MANT			ADDRESS		
No						Mr. G	eorge F.	P. Gri	mm, 52	29 Bens	on Av	e. 21227
19.79	EX.				CAUSE OF DEA						APPROXIMA	TE INTERVAL
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DISEASES RISE TO THE DISEASE OF THE	not mean the e. asthenia, etc. e. asthenia, etc. mplicotion whi  NIECEDENT OR CONDITI IE ABOVE CA ING CONDITI NIFICANT COI ATH BUT NOT R CONDITION OF OPERATION  (Manth) (D  TIVE SIER'S TUPE) MATION, [2]	mode of dy.  It means the ch coused dec ch coused de ch co	ing, e.g., disease, odisease, odisea	FOR WHE  22B. PLACE home, for  1 22E. JI WHILL M. WORI  Pla  24C. N  Lo	(6) DUE TO, OR  (C) DUE TO, OR  (C) CE OF INJURY (e.g., m., foctory, street, office of the control of the contr	AS A CONSECTION OF CREMATO  AS A CONSECTION OF CREMATO  CONTRACTOR OF CREMATO  COMPANY CONTRACTOR OF CREMATOR OF CREMATO	QUENCE OF:  QUENCE	this basis UndetermexAMINES EXAMINES LOCATIO 3altim	CUR?  s, death in nined monn  X  X  N  (City, ore, Ma	my opinioner	DATES 8-25	IGNED 5-72 Stote)
DISEASES RISE TO THE DISEASE OF THE	not mean the e. asthenia, etc. e. asthenia, etc. mplication while NIECEDENT OR CONDITI IE ABOVE CA NIG CONDITI NIFICANT COI ATH BUT NOT R CONDITION FOPERATION  TIVE TIVE TIVE TIVE TIVE TIVE TIVE TIV	mode of dy.  It means the ch coused dec ch coused de ch co	ing, e.g., disease, odisease, odisea	FOR WHE  22B. PLACE home, for  1 22E. JI WHILL M. WORI  Pla  24C. N  Lo	(6) DUE TO, OR  (C) DUE TO, OR  (C) CE OF INJURY (e.g., m., foctory, street, office of the control of the contr	AS A CONSECTION OF CREMATO  AS A CONSECTION OF CREMATO  CONTRACTOR OF CREMATO  COMPANY CONTRACTOR OF CREMATOR OF CREMATO	QUENCE OF:  QUENCE OF:  QUENCE OF:  AED  AED  AED  AED  AED  AED  AED  AE	this basis UndetermexAMINES EXAMINES LOCATIO 3altim	CUR?  s, death in nined monn  X  X  N  (City, ore, Ma	my opinioner	DATES 8-25	IGNED 5-72 Stote)



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

	RALTIMODE CITY	HEALTH DEPARTMENT	172	08246
5-560 72 08	A(1)		REG. NO.	00-420
BIRTH NO.	CERTIFICA	TE OF DEATH	N-replacement of the second	MARYLAND-DHMH
1. NAME OF DECEASED (Type or Print) CHARLES F.	(10,00		HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	SIEMER	UL HISHAL DESIDENCE (What	ul 24, 1977	4 8:35 PM
WILLIAM WHERE P	ONOUNCED DEAD	4. USUAL RESIDENCE (Whorld de A. STATE B. COUNTY	ecaased MAGO. II INSHINDO	n: lesidence before odnjissiani
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	ND W.		2102
INSTITUTION		C. CITY OR TOWN	D. INSIDE CIT	_
SOUTH BALTIMOR	RE GENERAL	E. STREET AND NUMBER	Q YES [	X NO []
43 HOSPITAL			rall St	
	RIED NEVER MARRIED	1 - 1	, , ,	nder 1 Yr., If Under 24 Hrs.
MALE WHITE WIDO	WED DIVORCED	1 115 179	XXXX 73	nder 1 Yr. If Under 24 Hrs. ha Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12. C	TITIZEN OF WHAT COUNTRY?
RETIRED		M XXXXXXXXXXXXXXXXXXXXX	aryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
William Siemer		( Unknown )		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [lif yes, give wor or dates of sen	1 6. SOCIAL	17. INFORMANT		ADDRESS
No		Alle Comi o Cia	1007.0	11 0 01000
18.4/2/9/	CAUSE OF DEAT	AMr. Carl G. Sie	mer, 122/ Car	roll St. 21230
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	Canding 08	piratory a	urrest -
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis-	e.g. DUE TO OP AS		Jevica is up	
injury or complication which caused death.)	1054,	,	^	1
ANTECEDENT CAUSES	m Inch	ease intrace	anial Pr	assure-
DISEASES OR CONDITIONS, if any, g		A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION last.	the Cons	ebral hem	mahaas	-5 days
11	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NG			
TO THE DEATH BUT NOT RELATED TO THE TERM!	NAL	*******************************	-	***
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20	OB. IF YES, WERE FINDING CAUSES O	GS CONSIDERED
		NO	CERTIFIED CADSES O	r DEATH!
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., li home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID	(If In Boltimore City,	give exact location)
21D-TIME (Month) (Doy) (Year) (Hous)	21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
(APPROXI)	While At Work At Work	• 🗆 .		
22. I certify that (1) (this hospital) attend		Tugust 10 to 10	13. (4.144	1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
	1/ 2 + 0	1 19 7 19 19 1		
that (i) (we) last saw the deceased alive			n(my) (aur) apinion d	eath occurred an the date
and hour and from the causes stated above	e. (I) (We) (did) (did not) v	iew the body after death.		
0	Ана	nding Med. Staff	Service Control of the Control of th	ATE SIGNED
Roberto C. Feli	Cano DEGREE Phys	L □ □ Director □ Phys		lugust 24/72
NAME (Type)		23D. ADDRESS		0
NA AUGUSTA	OEGREE			
REMOVAL (Specify)	C.NAME of CEMETERY of CRE		City, town	or county) (Stole)
	St. Paul's Cemet	ery Balti	imore, Marylar	nd
4 - 4 - 1 1	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
AUG29 1972 Trafey	MUNT	Howard H. Hubba	ard, 4107 Wilk	tens Ave. 21229
VS 150-REV. 1/1/68	1 7 2 0	9 6 6 9	**	



	1)	,	12 6	J~1		BALTIMORE CITY HEA	ALTH DEPA	RTMENT				1216	000	119
6	0-25,	6	MED	ICAL	. E>	(AMINER'S C	ERTIFI	CATE	OF D	EATH	REG. N	0	5 (85	16
	TH NO.								***		KLO. IV	<u> </u>		
1. N	NAME OF DEC		-	**			2. DATE OF	Knawn	M M	lanth O	22	Year		
(170			Bessie	Wagn	er		DEATH	Estimote	ed 🗌	8	22	72		М.
4. P	LACE IN BALT	IMORE, M.	ARYLAND, W	HERE PI	RONC	UNCED DEAD	3. DATE			lonth	Doy	Yea	r Hour	
HOS	NAME OF	(IF NO	ESS OR LOCA	LORINS	TITUTIO	ON, GIVE STREET	PRONO	UNCED DE	AD	8	22	72	6:30	P
ORI	NOITUTITEN	415	S. Ben	talou	St	•	A. STATE	d.	(Where dec		d. If institut		ce befare admis	sian)
6. 5	EX	7. RACE		8. MARE	RIED	NEVER MARRIED	C. CITY OF	RIOWN		1	. INSIDE	CITY LIMIT	5?	
fe	emale	Whit	:e	WIDOV			В	alto.				YES X	NO 🗌	
	0-7-1898		10. AGE (In lost birthdo	y)		der 1 Yr, II Under 24 Hrs, hs, Days, Haurs, Min.		AND NUM		u St.				
11. 1	Mary]		ign country)			ITIZEN OF	13. FATHER Ch	arles	F. Be	enner				
14A. done	USUAL OCCUP during most of w Housewi	PATION (Gr orking life, e e	ve kind of work ven if retired)	148. KIND	OF E	SUSINESS OR INDUSTRY				ieperr	nann			
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCE	5?	17. SOCIAL	18. INFOR	MANT				ADDRESS		
	, no or unknown) No	(If yes, give	war or dates	of service	)	218-30-6101	Mrs.	Marie	Schnar	pinge	er, 22	212 Ea	gle St.	2122
	19. [ 9 ]	- 1- 6	,			CAUSE OF DEAT			•				APPROXIMATE IN	TERVAL
	4/5	61				Chah	- Sherror	of ab	domon			01	ELMEEN ONSEL A	ND DEATH
		E OR CONI	DITION DIREC	CITA				OI ab	domen					
			mode of dy	ina e a		(A)IMMEDIATE C DUE TO, OR A	AUSE	DUENCE OF						
	heart failure,	asthenia, et	c. It means the	disease,		DOE TO, OR A	3 A CONSE	JUENCE OF:						
	injury or com	pircunon wi	nen causea ae c	,,,,										
	AN	ITECEDENI	CAUSES			(B)								
	DISEASES C	R CONDIT	IONS, IF ANY	, GIVING		(B) DUE TO, OR A	S A CONSE	QUENCE O	F:					
	UNDERLYIN		AUSE (A) STAT	ING THE										
징						(c)					t de ab 10.00 er wede de ser er we			
CERTIFICATION	TO THE DEA	TH BUT NO	ONDITIONS CO T RELATED TO N GIVEN IN PA	THE TERM	INAL	.00000000000000000000000000000000000000							20 44 24 24 24 20 20 20 20 20 20 20 20 20 20 20 20 20	100 000 400 400 400 400 000 600 F
F						WHICH OPERATION WA	S PERFOR!	MED				21. AU	TOPSY? (Yes o	r No)
낑	7											37	es - par	etiol
귛	22A. EXTERN	NAL CAUSE	WAS		22B B	LACE OF INITIDY	n or obout	22C WHER	E DID /It:-	Raltimare	City sive			LIGI
O	UNDERLYING	POR CON	VTRIB-		hom e	LACE OF INJURY(e.g., farm, factory, street, affice	bldg., etc.)	INJURY OC	CUR?	- Commune	City, give	/=	",	
E	UTING CA	USE OF DE	ATH.			HOME		415 S.				(Basem	ent sto	
	22D. TIME ( OF INJURY		(Doy) (Year			E. INJURY OCCURRED		22F. HOW				N.	root	n)
	(APPROX.)	8 2	22 72	unl		ORK NOT	WHILE TA	Self	infli	icted.	•	021	200	
	23.				_		rtial							
	I certi	fy that I I	heid an I	nquiry [		Inspection Aut	apsy XX	and tha	t an this	basis, d	eath in n	ny apinian		
	result	ed from: I	Natural cau	ses .	A	cident Suicid	· XX H	omicide [	7 Und	determine	d manne	-		
			P	7				CHIEF MED		_				
	ACTUAL		VI.	11	17	11110	ASS	ISTANT MED			d dxxx		DATE SIGN	NED
	SIGNATU		ny	il	·	VULLULA DI							8/23/7	)
	NAME (T	ype)	Peter L	1pko				OCIATE MED						
	BURIAL CREM MOVAL (Specif		248. DATE		240	NAME of CEMETERY	or CREMAT	ORY	24D. LOC	LAHON	(City, to	own, or cour	ity) (Sto	le)
	Burial		8-26-	1972	]	Loudon Park C	emeter	У	Balt	imore	e, Man	ryland		
254	. DATE REC'D	BY HEALTH	DEPT.	25B. N		OF REGISTRAR		FUNERAL D				ADDRESS		
	Alig2	1972	The	1 rece	la	Morkon	Но	ward H	. Hubl	bard	4107	Wilke	ns Ave.	2122

VS 151-REV. 1/1/68

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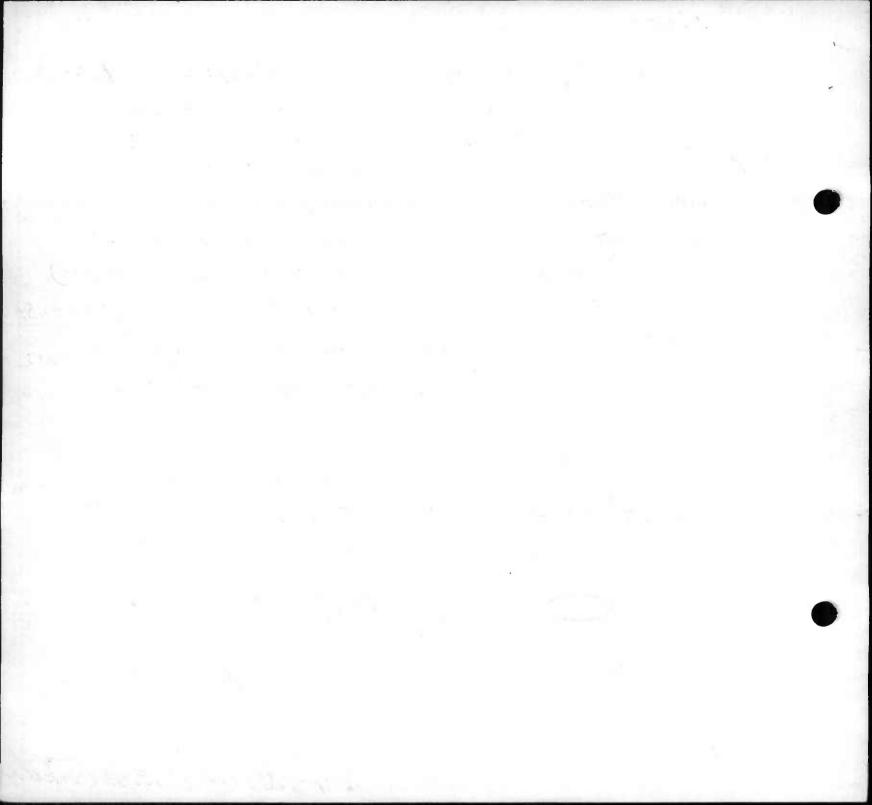
Leady Margarette C. Dilacol . S. D.

TENT I TO THE

11	190 C	0010	BALTIMORE CITY	HEALTH DEPARTMEN	NT .	72 (8248
H-460	12 0	8548	CERTIFICA	TE OF DEAT	H REG. NO.	TE OF MARYLAND-DHMH
Type or Print)	ceased iller, Katheri	ne E.		2. DA	8/25/72	6:50 am
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD		(Where deceased lived, II	finstitution residence before admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Maryland,		O D D 5
NOITUTITZN	St. Agnes	Hospita	al	Baltimore	D. 11	YES NO
40	900 Caton	Avenue		E. STREET AND NUMI	BER	
	Baltimore	, Maryla	and	2649 Will	cens Avenue	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Female	White	WIDOWED	DIVORCED [	3/11/83	lost birthdoy	74.011113
	UPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
lone during most of Homem	I working life, even if retired)  aker			Maryla	nd	U.S.A.
3. FATHER'S NA				14. MOTHER'S MAIDE		0.5.8.
	nael Murphy	2007	1 6. SOCIAL	Elizal	oeth Broderic	ADDRESS
es, no or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No			217-05-0168	B Mrs. Alice	Clifton, 2649	Wilkens Ave. 21223
1B. 4/	2.41		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEA	SE OR CONDITION DI	RECTLY		11.110		
	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE HOULD.		
	nat mean the made of asthenia, etc. It means			A CONSEQUENCE OF		
	mplication which coused		No A	1/00 /		
1	ANTECEDENT CAUSES		MICH	THEROW	7	
DISEASES	OR CONDITIONS, if	any giving	DUE TO, OR AS	A CONSEQUENCE OF:	<i></i>	
rise to t	he obave cause (A)		11	1n - P	146	
UNDERLYIN	IG CONDITION lost.		(c) CV		<u> </u>	
-	II.					
	IFICANT CONDITIONS CO					
DISEASE OR	CONDITION GIVEN IN PAR	RT 1 (A).		120 A	N. N. OOD AR VED	
19A. DATE O	F OPERATION 198. CON	FORMED	HICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
	CALL WAS HARDEN WING	1010	BL 4 GF GF INTINEY/ '		212	
_ OR CONTRIB	ENT WAS UNDERLYING DEBUTING CAUSE OF  fy medical examiner	home etc.)	PLACE OF INJURY (e.g., ie, farm, foctory, stieet, o	ffice bldg., INJURY OCC	UR?	nore City, give exoct location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	
21 D. TIME OF INJURY (A PPROX.)			e At Not Whil	e C		
		Worl				
22. I certif	y that (I) (this haspita	l) attended th	e deceased from		19ta	19
that (I) (we	) last saw the decease	ed alive an	9 mgm g mm g g g m g m m m m m g c ^ g g m m m g g g m g o n m p g ff y q	19	and that in (my) (aur)	apinian death accurred an the da
and hour a	nd from the causes sta	ted abave. (I)	(We) (did) (did nat) v	lew the bady after de	eath.	
23A. SIGNAT	URE	///				23B. DATE SIGNED
	THE		Phy	nding Med.	Staff Phys.	
23C.PHYSICI	ANS I		GEGREE 1117	23D. ADDRESS	,	
NAME	(Туре)					
AA BIIBIAI CB	EMATION 1248 DATE	040 114	DEGREE	EMATORY In	AD LOCATION	(City town or country) (St. 1)
REMOVAL	EMATION, 24B. DATE (Specify)	24C. NA	ME of CEMETERY OF CR	EMATORT	24D. LOCATION	(City, town, or county) (State)
Burial	8-28-1	972 New	Cathedral (	Cemetery	Baltimore,	Maryland
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAME O		25C. FUNERAL DIR	ECTOR	ADDRESS
AllG2	9 1972 7074	July 14		Howard H.	Hubbard, 4107	Wilkens Ave. 21229
VS 150-REV. 1/1	/68	11	*** ***	6 600	6	

and the are remarked to be also the first

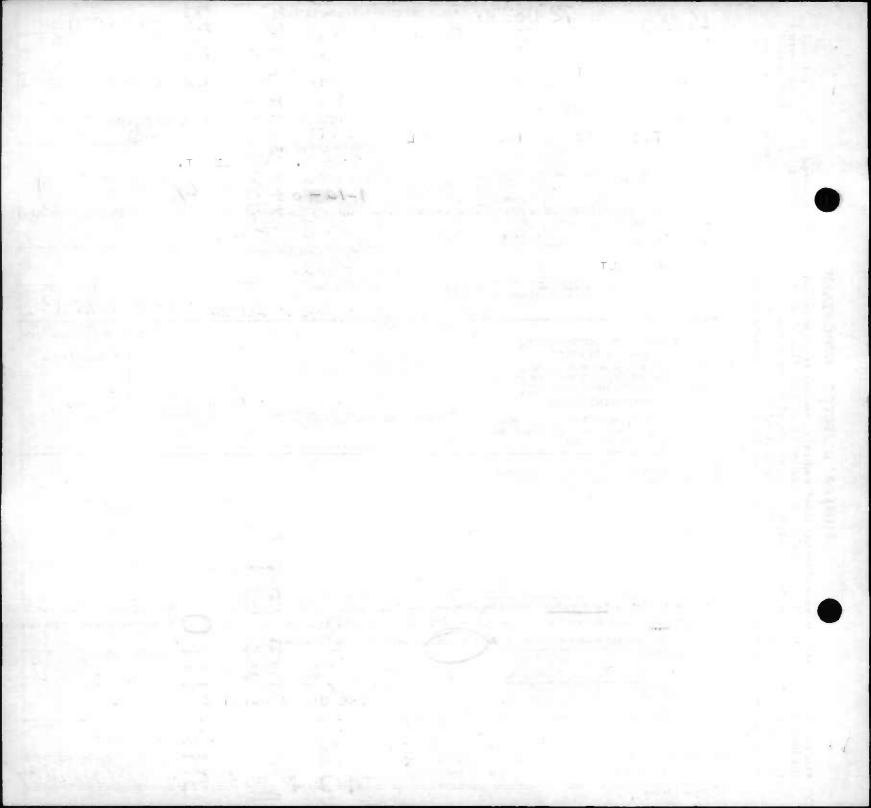
11						
BALTIMORE CIT	Y HEALTH DEPARTMENT 72 08040					
BIRTH NO. 72 08249 CERTIFICA	ATE OF DEATH					
1.NAME OF DECEASED	SUBJ.					
(Type of Print) Elizabeth Graham	8/26/72- 14-45 P.M.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before admission)  A. STATE  B. COUNTY  Mary and  Baltimore  C. CITY OR TOWN  Baltimore  E. STREET AND NUMBER  D. INSIDE CITY LIMITS?  YES NO					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)						
Montebello State Huspital						
91	2702 East Preston					
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., II Under 24 Hrs., Months; Days ; Hours; Min.					
Tem /Vegro WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	7 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?					
done during most al working life even il retired)  House wife	Canden South Carolina USA.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Icaac Graham	Marta Wilson . (Douglas)					
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) [If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS					
SEGNII NO.	Sarah Jones 2702 EastPreston St					
18. 16 2 / CAUSE OF DEAT	A DETAILED AND ADDRESS OF THE PARTY OF THE P					
	ous cell carcinoma of					
This does not mean the made of dving e.g. (A) IMMEDIATE CA	A CONSEQUENCE OF					
heort foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)	left lung with metartais.					
ANTECEDENT CAUSES	/					
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF:					
nse to the obove cause IA) sloting the UNDERLYING CONDITION task (C)						
VIDISEASE OR CONDITION GIVEN IN PART 1 (A)	gia sec metastasis 14. 2 months					
19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED LOBORTOMY	20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?					
E Feb 1971 "Left upper lobeetomy yes. IN CERTIFYING CAUSES OF DEATH?						
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  218. PLACE OF INJURY (*9., home, form, foctory, street, of the contribution of the contri	ffice bldg, INJURY OCCUR?  (If in Boltimore City, give exact location)					
21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY	21 F. HOW DID INJURY OCCUR?					
[APPROX.] White At Work At Work						
22. I certify that (1) (this hospital) attended the deceased from 8 8 15 2 ta 8 2 C 19 72 that (1) (we) last saw the deceased alive an 8 2 to 19 72 and that in (my) (aur) apinian death accurred an the date						
DEGREE Phy						
NAME (Type)	23D. ADDRESS					
24A. BURIAL CREMATION, 24B. DATE , 24C. NAME OF CEMETERY OF CR	SMATORY 24D LOCATION (C)					
REMOVAL (Specify) 8/21/72 21 Authors	EMATORY 24D. LOCATION (City town, or county) (State)					
25A. DATE REC'D BY HEALTH DET. 1258, NAME OF RECIDIFICAL	1850 FUNERAL DIRECTOR ADDRESS ADDRESS A					
AUG29 1972 Sicher Introdor	SSO FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS					
VS 150-REV <sub>0</sub> 1/1/6B	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					



## FUNERAL DIRECTOR: IMPORTANT

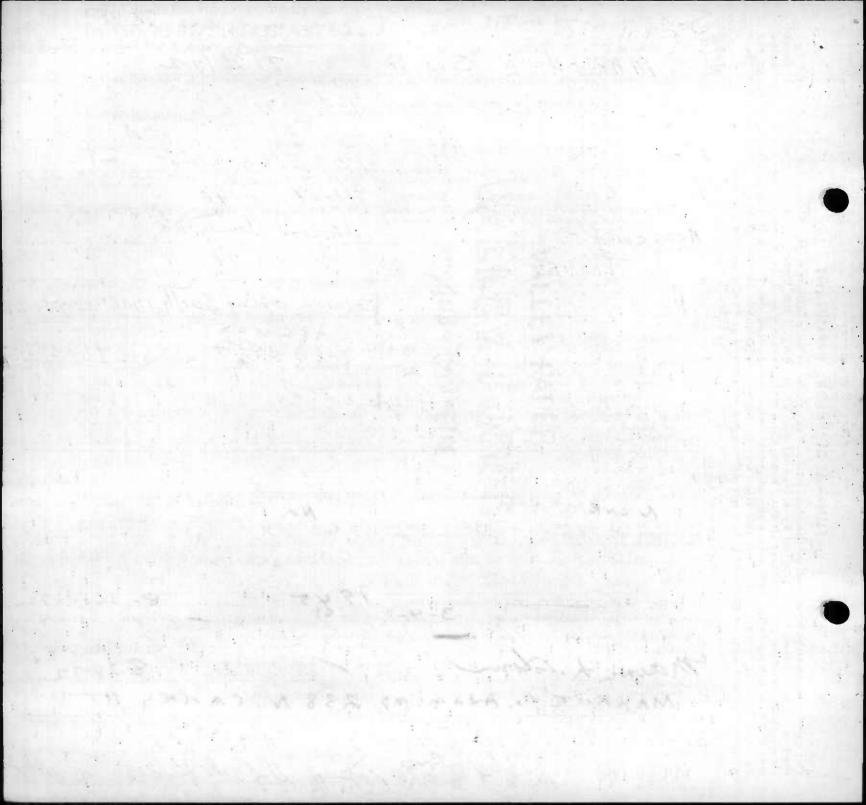
This corrificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1/.12 72 08250 BALTIN	MORE CITY HEALTH DEPARTMENT													
H-430 F TH CEPT	TIFICATE OF DEATH REG. NO. 72 08250													
BIRTH NO.	2. DATE AND HOUR OF DEATH													
(Type or Print) EMMITT + HOLT	Aug 24 1972 176 PH													
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B, COUNTY													
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE S	II MARVIAND													
HOSPITAL OR ADDRESS OR LOCATIONI	C. CITY OR TOWN D. INSIDE CITY LIMITS?													
THE JOHNS HOPKINS HOSPIT														
55	1404 E. LANVALE ST.													
5. SEX 6. RACE 7. MARRIED NEVER MA	RRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Yi. II Under 24 Hrs.													
WIDOWED DIVO	PRCED 1-12-05 lost birthdoy 67 Months Doys Hours Min.													
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR done during most of working file, even if refired)	INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?													
Caporer Conhectory	attanta ba													
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME													
JOHN HOLT	Julean													
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   (Yes, no of unknown) (If yes, give war or dotes of service)   SECURITY	NO. 17. INFORMANT													
NO 256-0	9-2452 Parece Eurnes 1404 & Lativall 1													
18. / 6 2 . / 1 CAUSE	OF DEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH													
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CARNIAC HEREST. 15													
(This does not mean the mode of dving, e.g., (A) IMM	EDIATE CAUSE  TO, OR AS A CONSEQUENCE OF:													
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)														
ANTECEDENT CAUSES	a Reinioma 7 the LUNA 3 Mas													
DISEASES OR CONDITIONS, il ony, giving	TO, OR AS A CONSEQUENCE OF:													
underlying Condition lost.														
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING														
DISEASE OR CONDITION GIVEN IN PART 1 (A).	TION 20A. AUTOPSYT (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED													
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 17B. CONDITION FOR WHICH OPERAT WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1	NO IN CERTIFYING CAUSES OF DEATH?													
OR CONTRIBUTING CAUSE OF home, form, foctory	IURY (e.g., in or obout 21 C. WHERE DID (II In Boltimore City, give exact location)													
DEATH (notify medicot exemine)														
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCI														
(APPROX.)	Not While At Work													
22. I certify that (I) (this hospital) attended the deceased fram August 22 19 12 to Aug 24 19 12 that (I) (we) last saw the deceased alive an August 24 19 72 and that in (my) (aur) optimized an the date and haur and fram the causes stated above. (We) (We) (We) (vident) view the bady after death.														
								Attending Med. Shoff Director Shoff Mug 14, 1972  23C. PHYSICIAN'S  NAME (Type)  23D. ADDRESS  THE JOHNS HOPKINS HOSPITAL						
ZEMOVAL (Specify) 8/26/78 Test. Role of County I had														
254. DATE REC'D BY HEALTH DEPT. / 1258. NAME OF REGISTRAR	Page FUNERAL DIRECTOR ADDRESS													
AUG29 1972 Therey by hoston I took to Lock & 1304 h. Cantel of														
VS 150-REV. 1/1/68														

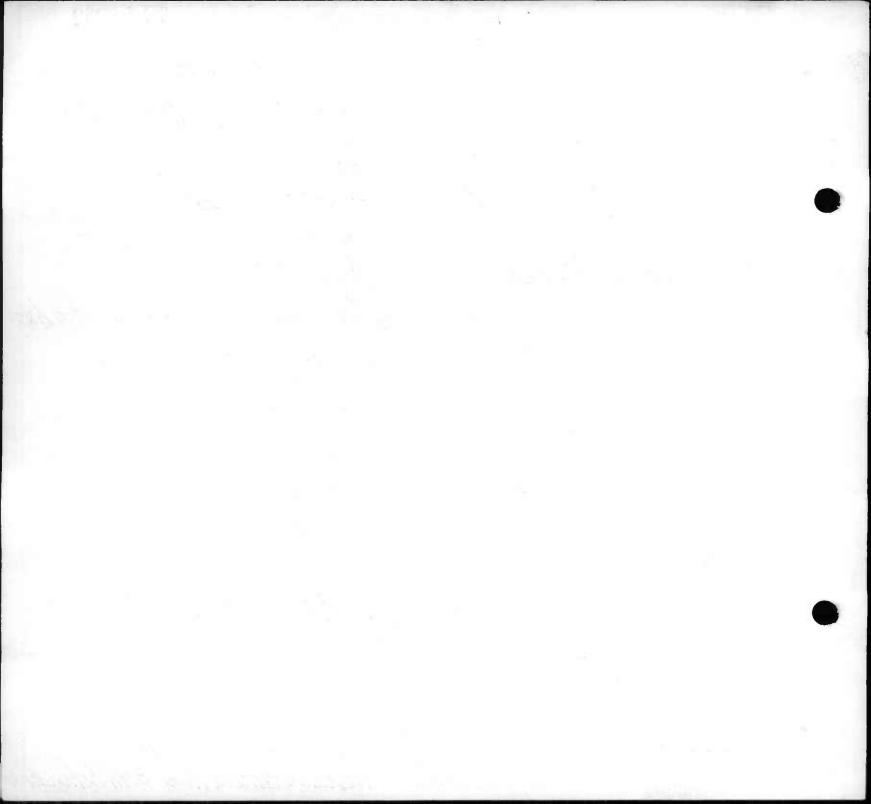


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e approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the hi); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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S=530 72 08251 BALTIMORE CITY HEALTH DEPARTMENT 72 08251						
BIE	)-530 TH NO.	72 08251	CERTIFICA	TE OF DEATH		
1.1	Pe or Print)	/	- 41	2. DATE AND	HOUR OF DEATH OF	MARYLAND-DHMI
Liy	MARII	9N L.	2MILA	8/2	16172	M.
3.	PLACE IN BALTIMORE, MARYL	AND, WHERE PRONOU	NCED DEAD	A. STATE B. COUNTY	deceosed lived. If instituti	on: residence before admission)
H	SPITAL OR ADDRESS C	HOSPITAL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN	D INSIDE C	TY HMITS?
1	ROITO!					7
	itigE. LA	faye 112	AVE.	1719 E. LA	AFAYETTE	STJAVE
5.	F 6. RACE	7. MARRIED WIDOWED	1 IAEAEK WAKKIED		AGE (In years If I Mos	Under 1 Yr. If Under 24 Hrs. https://doi.org/10.1001/1
	USUAL OCCUPATION (Give kin e daring most of working life, even if		BUSINESS OR INDUSTRY	Harland Co	ounty Med 2.	CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME	5	
	! Tho	MAS		, ,	/	
15. (Ye	Was Deceased Ever in U. S. Ar s,no of unknown) (If yes, give was	med Forces?	6. SOCIAL SECURITY NO.	17. INFORMANT	, - 11	ADDRESS
	No			KAYMOND MELV	in Smith 1:	719 E. LASAYETTO AV
	18.250,91		CAUSE OF DEATH	ASCV		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITE		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	A: 1-5	feg.	4488
	(This does not mean the m		(A) IMMEDIATE CAUS DUE TO, OR AS A	CONSEQUENCE OF:		
	injury or complication which					
	ANTECEDENT C	AUSES	(B) D/	LBRIES		
	DISEASES OR CONDITION		DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION		(c)	**		
-	II I					
10	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED	ED TO THE TERMINAL				
CA	19 A. DATE OF OPERATION 15	B. CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDI	NGS CONSIDERED
CERTIFICATION	10 NONE	'AS PERFORMED		NO	IN CERTIFYING CAUSES	OF DEATH?
1	21A. ACCIDENT WAS UNDERSOR CONTRIBUTING CAUSE DEATH (notify medical examine	OF home	PLACE OF INJURY (e.g., in , form, foctory, street, off	or obout 21C. WHERE DID	(If in Boltimore City	, give exact location)
MEDICAL	21 D. TIME (Month) (Doy) OF INJURY	(Year) (Hour) 21E,	INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?	
>	(APPROX.)	While				
	22. I certify that (I) (this b	ospital) attended the	e deceased fram	1945 19	1a	- 26 - 1972
	that (1) (we) last saw the d	eceased alive an	3-4-	19 67 and that	In(my), (our) opinian	death accurred on the dote
	and haur and from the caus	es stated above. (1)	(We) (dtd) (dld nat) vi	ew the bady after death.		
	23A. SIGNATURE	~/.				DATE SIGNED
	Maine &	, bolon	DEGREE Phys.		off ys.	6-28-72
	PAME (Type)	左上,并	LAMSMO	238 M.	CANKY	st
24/		ATE 24C. NA	ME OF CEMETERY OF CRE	MATORY 24D. LOC	ATION (City, to	wn, or county) (Stote)
BURIAL 8/30/72 MT. CALVARY A.A. COUNTY. Md.						
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF SEGISTER						
	AUGZ 9 1972	Charles In	2001	Torest &	out \$ 130	04. 1. ( Soul A) Of
1.45	150-REV. 1/1/6B			1 / 1 / 1 / 1		



	2420	BALTIMORE CITY	HEALTH DEPARTMENT	72	08252
	12 U8252	CERTIFICAT	TE OF DEATH	REG. NO	ARYLAND-DHMH
	NAME OF DECEASED, SMIS ANIE			HD HOUR OF DEATH	0:10
	B. PLACE IN BALTIMORE, MARYLANO, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If institution	on: residence before odmission)
- 11-1	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		a. STATE B. COUN	Lexington	St. Apt3
	Univ. of Md. Hosp.		Balto,	Md. D./MSIDE CIT	_/ _
	38		E. STREET AND NUMBER	V. 10 1.10	4 18/11
5	SEX 6. RACE 7. MARRIED NEVER MARRIED		DATE OF BIRTH	9. AGE ting years If U Mon	nder 1 Yr., If Under 24 Hrs.
	DA HEIN COCKED D WIDOWED D	DIVORCED	7-1-07	lost birthday) Mon	ths Days Hours Min.
d	DA, USUAL OCCUPATION Give kind of work 108, KIND OF BUS	INESS OR INDUSTRY	1. BIRTHPLACE (Stote or forei	gn country) 12.0	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		4. MONTER'S MAIDEN MAN	0.0	USIT
	Chess Booken		ANNIS )		
0,	. Wos Deceosed Ever in U. S. Armed Forces?   16. es,no or unknown) (If yes, give wor or dotes of service)	SOCIAL MECURITY NO.	INFORMANT	/ ^	ADDRESS
	10 2	8-09-8905	age// Nici	ker 633 Pu	mbarton Ave
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		A A I	APPROXIMATE INTERVAL
	LEADING TO DEATH	(A) IMMEDIATE CAUSE	Myocard	in intare	tion.
	(This does not mean the mode of dying, e.g., heatt foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)	DUE TO, OR AS A	ONSEQUENCE OF:	1	
	ANTECEDENT CAUSES		ARCUD		
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the	DUE TO, OR AS A	CONSEQUENCE OF:		***************************************
	UNDERLYING CONDITION last	(c)		*************	
ATION	FIO THE DEATH BUT NOT RELATED TO THE TERMINAL				
FPTIFICA	19A. OATE OF OPERATION 19B. CONDITION FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED F OEATH?
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLAC	E OF INJURY (e.g., in a m, factory, street, office	obout 21C. WHERE DID	(If In Boltimore City,	give exact location)
MED	OF INJURY	RY OCCURRED	21F. HOW OID INJU	JRY OCCUR?	
	(APPROX.) Work	At Work	0	m 8.1	16 70
	22. I certify that (I) (this hospital) attended the de that (I) (we) lost saw the deceased alive on	9 10 00	19/		
	and hour and from the couses stated above. (1) (We	) (did) (did not) view	19	t in (my) (our) opinion de	eath accurred on the date
	23A. SIGNATURE	MD Attendi		in the state of th	ATE SIGNED
	23C.PHYSICIAN'S NAME (Type)	1 M/	10 0		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMETERY OF CREMATORY 24D. LOCATION (City, Joyn, or country) 15					
1	Sural 8/08/12 13al	5. Holling	Pom A	alla Mil	or county) (Stote)
25	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REC	HSTRAR	25C. FUNERAL DIRECTOR	1119	2 LOOPRESS
VS	150 AUG28 1972 July Salky	WAS !	MOUNTAINS TH	MENON / Hame	1711-SCHORULL &



TATE OF MARYLAND-DHME
72 08253 BALTIMORE CITY HEALTH DEPARTMENT

17-140	MEI	DICAL E	XAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	72 (	8253
BIRTH NO.	CACED	<del></del>		II. DAYE	Known PX				111
(Type or Print)	ILTON C. RAI	AEL. JE	١.	2. DATE OF	Estimoted	Month 8	22	72	Hour
	TIMORE, MARYLAND,			3. DATE	2011110100	Month	Doy	Yeor	Hour .
FULL NAME OF HOSPITAL OR INSTITUTION		AL OR INSTITU	TION, GIVE STREET		JNCED DEAD	8	22	72	2:46 p.
Maryland General Hospital  6. SEX 7. RACE 8. MARRIED NEVER MARRIED				S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE  Md.					efore odmission)
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
male	White	WIDOWED	DIVORCED 🖾	Balt			Y	ES 🗌	NO 🗆
9. DATE OF BIRTI	H 10.AGE (	In years If	Under 1 Yr. If Under 24 Hrs. onths: Doys: Hours: Min.	E. STREET	AND NUMBER				
11/18/41		30		61:	L5 Fairdal	le Road	d		
11. BIRTHPLACE (S	state or foreign country)	12.	CITIZEN OF	13. FATHER	'S NAME				69 ,
New Orle	eans, La.		WHAT COUNTRY?	Milt	on C. Ra	fael	, Sr.		
14A.USUAL OCCU	PATION (Give kind of world working life, even if retired)	14B. KIND O	F BUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	ME			
Barte			Bar	Stel	la Maria	no			
16. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL SECURITY NO.	IB. INFORM				DDRESS	
No	(ii yes, give not or dote.	, 0, 30, 11, 10, 1	3200111110.	Milto	n C.Rafa	iel,Si	c. 2348	Plaz	a, Dr.
19.596	5XI		CAUSE OF DEA	TH			01103	BETW	PROXIMATE INTERVAL
1 1	E OR CONDITION DIR	ECTLY	Gunsho	t wound	d of chest	:			
	LEADING TO DEATH of mean the mode of d	vina e a	(A) IMMEDIATE (	AUSE	WENT OF OF				
heort foilure	, osthenio, etc. It meons the nplication which caused de	e diseose,	DUE TO, OR	AS A CONSEQ	UENCE OF:				
I IIII OI COII	inplication which coused de	: OIII. J							
	NTECEDENT CAUSES		(B)	AS A CONST	20151105 05				
RISE TO THE	OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA	ATING THE	DUE TO, OR	AS A CONSE	QUENCE OF:				
ZUNDERLYIN	NG CONDITION LAST.		(c)						
12	11								
OTHER SIGN	ATH BUT NOT RELATED TO								
DISEASE OR	CONDITION GIVEN IN	PART I (A).							
20A. DATE OF	F OPERATION 208. CO	NDITION FO	R WHICH OPERATION W	AS PERFORN	\ED				PSY? (Yes or No)
- K									yes
O HAIDEBLVING	NAL CAUSE WAS	hor	B.PLACE OF INJURY (e.g., me, form, foctory, street, office	in or obout 2 e bldg., etc.) li	2C. WHERE DID NJURY OCCUR?	(If in Boltimo	re City, give exc	oct location)	1101
B UTING □ CA	USE OF DEATH.		BLDG.				ert Stre	et	1101
OF INJURY	(Month) (Doy) (Yea		22E, INJURY OCCURRED	2	2F. HOW DID IN				
(APPROX.)	8 22 72	unk <sub>m.</sub>	WHILE AT NOT WORK AT W	WHILE X	Subject w	as sho	ot.		
23.	ify that I held on	Inquiry	Inspection Au	toney [XX	ond that an t	hie hasis	death in my	coloico	
					omicide XX				
resul	ted from: Notural ca	uses	Accident Suicid				ned monner (		
ACTUAL		1/1 01	11115		CHIEF MEDICAL I		XXX		DATE SIGNED
SIGNATI		LO	VUCCO M.D	,				8	/23/72
EXAMIN NAME (1	(ype)		ic, M.D.		CIATE MEDICAL E		U		
24A. BURIAL CREI REMOVAL (Speci			24C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, low	n, or county)	(Stote)
Buria	1 8/26/		St.Louis Ce	17			cleans,	La.	
25A. DATE REC'D	BY HEALTH DENT.	258 NAN	E OF PEGISTRAR	25C. I	FUNERAL DIRECT	OR	i A	DDRESS	
AUGZ9 1	315 VIVON	100	200	7,	rederies	K D	m.11-	w !	ne.
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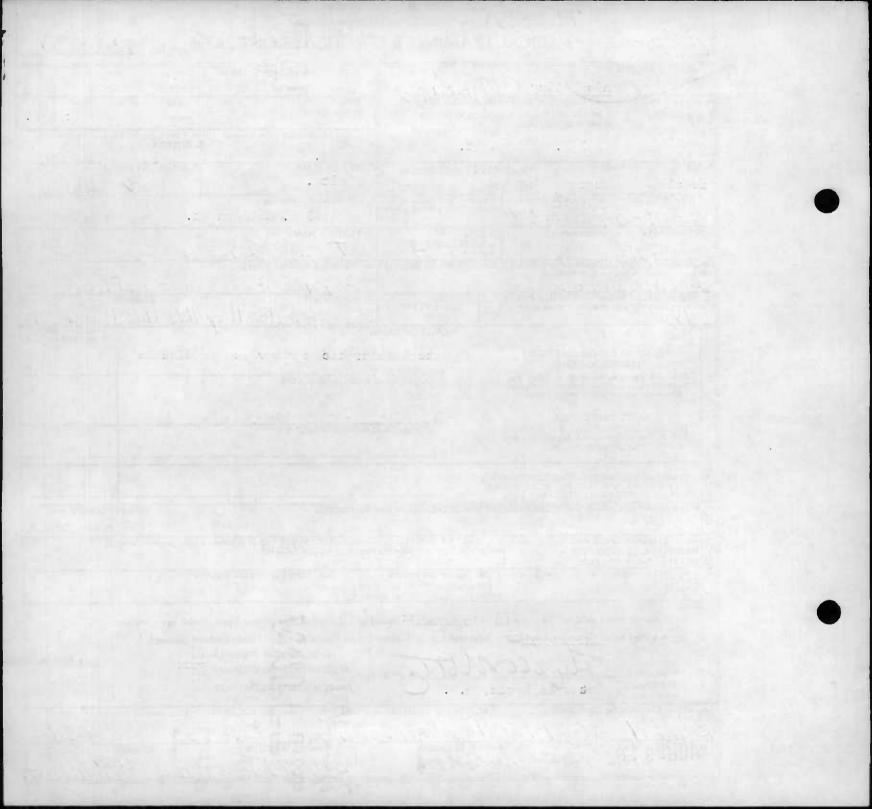
Fairdel 4 77 6 4 4 4 Frefamilia (seems) by skip with A har etiterare and and the state of t Frederick D Miller

	CERTIFICATE OF DEATH REG. NO.	72 08254
BIRTH NO.	II. DATE	
(Type or Print)  JOHN GADDY	2. DATE Known Month Doy OF DEATH Estimoted M August 22, 19	72 Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		72 12:00 A. <sub>M.</sub>
123 <b>2</b> N. Washington Street	S. USUAL RESIDENCE (Where deceosed lived, if institution:  A. STATE  Maryland  B. COUNTY	residence before odmission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore yes	No 🗆
9. DATE OF BIRTH 10. AGE (In years If Under I Yr. If Under 24 Hrs. Months: Doys Hours Min.	1232 N. Washington Street	
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
N. Carolina WHAT GOUNTRY	John Gaddy	
14A. USUAL OCCUPATION (Give kind of work) T4B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME	60.400
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown)(If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	IB. INFORMANT	DRESS
123 W. W. 71:	EvelyN Miles-873 Wa	5 hiNATON Blv
Auton	iosclerotic cardiovascular disc	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY AFLECT  LEADING TO DEATH  (A)IMMEDIATE (		ase
	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS A CONSEQUENCE OF:	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	21. AUTOPSY? (Yes or No)
		no
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- home, form, foctory, street, office uting ☐ CAUSE OF DEATH.	, in or obout 22C. WHERE DID (If in Boltimore City, give exocce bldg., etc.)	locotion)
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (Appear)	T WHILE NORK	
23.		
I certify that I held an Inquiry I Inspection X Aures Aures I Accident Suicident Suicident Suicident I	ordepsy	]
ACTUAL MALLOS & ROLL	CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE //(LLUXX - M.E.  EXAMINER'S NAME (Type) Marvin S. Platt, M.D.	ASSOCIATE MEDICAL EXAMINER	8/22/72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town,	or county) (Stote)
Barial 8-25-72-Balto NATI	125C FUNERAL DIRECTOR AD	Md.
AUG29 1972 Livy Sahorton		1129N Caralia
VS 151-REV. 1/1/6B	0 4 2 3 0	1.1

And the state of t 

MARY HAND - DHMH

1/-(100) '72 08255 BALTIMORE CITY HE	ALTH DEPARTMENT	
H-400 MEDICAL EXAMINED'S	CERTIFICATE OF DEATH REG. NO.	190 08955
BIRTH NO.	REG. NO.	12 00000
1. NAME OF DECEASED (Type or Print)	2. DATE Known A Month Doy	Year Hour
Annie Holley (//AKIE)	DEATH Estimoted LI 23	72 <sub>M,</sub>
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD Day	72 Haur 10:55 a
HOSPITAL ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceased lived, if institution	n; residence before admission)
1143 N. Calhoun St.	Md. B. COUNTY	1602
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	ITY LIMITS?
female Negro WIDOWED DIVORCED	Balto.	ES NO
P. DATE OF BIRTH  G - 9 - 0 4  10. AGE (In years   Hunder 1 Yr. If Under 24 Hrs. Months, Days   Haurs   Min.	1143 N. Calhoun St.	
t, BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY	13. FATHER'S NAME	
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	om dueen	
ane storing mast of warking life, even if retired)	1 1 1	+1
4. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no prynknawn)((if yes, give war or dates of service) SECURITY NO.	18. INFORMANT	DDRESS
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Joseph F. Halley. 1143 N	Calhein St.
19. // L/1 CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterioso	elerotic cardiovascular diseas	
(This does not mean the mode of dying, e.g., (A)IMMEDIATE C		
heart loilure, osthenia, etc. It means the disease, Injury ar complication which caused death.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES 603		
(D)	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		The second
O II		
O TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS	AS PERFORMED	21. AUTOPSY? (Yes or Na)
		no
22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Baltimore City, give ex	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	blog., etc.) INDUKT OCCURT	
DE INJURY OCCURRED OF INJURY OF INJURY (APPROX )  WHILE AT NOT	22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT WORK AT W	WHILE ORK	
I certify that I held an Inquiry Inspection XX Aut	topsy and that on this basis, death in my	oninion
resulted from: Natural causes (2) Accident Suicid		
ACTUAL TO VIDA 18	CHIEF MEDICAL EXAMINER	
SIGNATURE SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	B/23/72
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	0/23/12
24A. BURIAL CREMATION. 124B. DATE 124C. NAME & CEMETERY	or CREMATORY 24D. LOCATION (City, town	, ar caunty) (State)
Burial 8-29-12 New Catho	drallem BAlto	Md
25A PATEREC'D BY HEALTH DEPY. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR A	DDRESS
John Mary Month	FUITT FUNCY Al Home	= 1129 No
S 151-REV. 1/1/68		Length and a



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

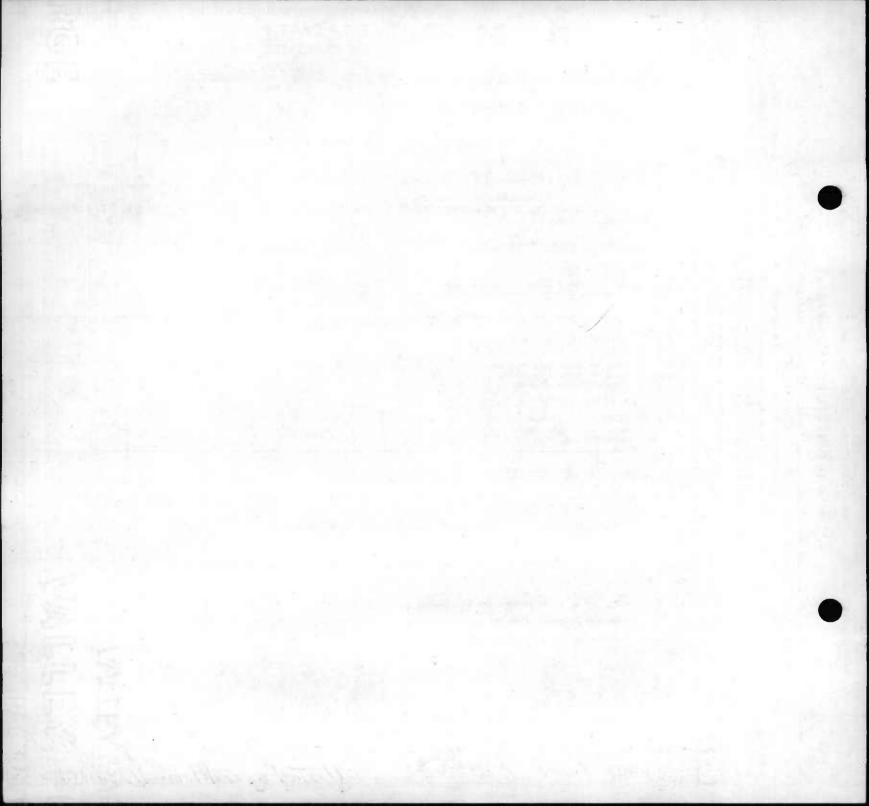
0 400	BALTIMORE CITY	HEALTH DEPARTMENT	17	2 08256
C-600 72 08	256 CERTIFICA	TE OF DEATH	REG. NO.	C OCCOO
I. NAME OF DECEASED			HOUR OF DEATH	MARITIAND-DILICA
(Type or Print) CHARLES CUI	RY VI	1. Pm	8/18/72	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCID DEAD	4. USUAL RESIDENCE (Where d	leceased lived. Il institutio	m residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	HARROUR VIE	W NURSI	NG HOME
INSTITUTION ADDRESS OF ECCATIONS		C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
73		E. STREET AND NUMBER	YES	/ NO
S. BALTIMORE GENERAL	HOSPITAL	1213 LIGH	T ST.	701
S. SEX 6. RACE 7. MARR WIDOW	MED NEVER MARRIED DIVORCED DIVORCED		AGE (in years il U Mont	nder 1 Yr. II Under 24 Hrs. hs Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	17. BIRTHPLACE (Stole of foreign		CITIZEN OF WHAT COUNTRY?
Par Ist		Viva	1414	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
UN KNOW.	4	? 046	KHOKUH	
15. Was Deceased Ever in U. S. Anned Forces? (Yes, no or unknown) (If yes, give war ar dates of servi	cel SECURITY NO.	17. INFORMANT	1/2/0/40/3	ADDRESS
No -	216-10-2051	Funna 105	MoorE	N.WAShINSTON
18./62./	CAUSE OF DEAT	TERNINA	2 PNEUMONI	A ARROWALL ARE INTERPRETATION
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0		
This does not mean the mode of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	me (A -	***************************************
heart failure, asthenia, etc. It means the disc injury at camplication which caused death.)	ose,			
ANTECEDENT CAUSES	" GONE	RMISED (A		100
DISEASES OR CONDITIONS, if any, give	ing DUE TO, OR AS	A CONSEQUENCE OF:		******************************
inse to the above cause (A) stating UNDERLYING CONDITION tast.	(c)			The state of
ll ll	(-)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN OF THE TERMIN				and the same
	***************************************	120 A superpose IV N. N. O.	0.0	***************************************
19A-DATE OF OPERATION 19R CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 2	OR IF YES, WERE FINDIN N CERTIFYING CAUSES O	GS CONSIDERED OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	or obout 21 C. WHERE DID	(if in Boltimore City,	give exact location)
OR CONTREGITING CAUSE OF	home, form, foctory, street, of	lice bldg., INJURY OCCUR?		
21D.TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
APPROX.)	While At Work Not While At Work	0		
22. I certify that (1) (this haspital) ottende	ed the deceased from	8/13 19	72 10 8/1	9 19.72
that (1) (we) lost sow the deceased alive a	0 / 0	4 1	n (my) (our) opinion d	eath occurred on the date
and hour and from the causes stated above	s. (1) (We) (did) (did met) v	lew the body ofter deoth.		
23A. SIGNATURE			23 R. D	ATE SIGNED
Maler	DEGREE Phys	nding Med. Staf		8/19/72
23C.PHYSICIAN'S NAME (Type)		3D. ADDRESS		
DR. CARLOS N. PATALIN	DEOREE	SOCITH BALT. GET	10. HOSP. S.,	HANGUER BALTIND
REMOVAL (Specify)	ALABAR A MELAGRAPH CO.	144		
15.4 14 1 X12-7.179.	NAME of CEMETERY OF CRE	MATORY 24D. LOCA	TION (City, town	, or county) (Stote)
DUVIAL 0117-	MT. CALVEN	Y CEM. A.A.	COLYTY, town	or county) (State)
25A. DATE REC'D BY HEALTH DEPT . 25B. NAA	107 01	6. 11	COUNTY	ADDRESS AV Cardina

6/5/69 952 N. Washington, 5t

## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and

17	11	BALTIMORE CITY	HEALTH DEPARTMENT		10 (101)=101
	7-632 72 083	257 CERTIFICA	TE OF DEATH		JE MALLINGUEDHIM
	e or Print) Louis B. Muro	lark	2. DATE AND	HOUR OF DEATH	Carlo and a second
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where	deceosed lived. If inst	titution; residence before admission)
			A. STATE B. COUNTY	Baltim	ara 15-26
FU HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OF TOWN		DE CITY LIMITS?
1	1 - 1 1 1 1	Hospital	Balto.		YES NO
1	University of Marylana	1100/1100	E. STREET AND NUMBER	da	4
5. \$	EX 6. RACE 7. MADE			AGE (In years	The Holes of the
	Masc N. WIDON		01/27/98 "	st birthdoy) 74	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B. KIN a during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	Alabama.	Habam	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAMI	E	
	Alfred Murdock			·lliams	
	Was Deceased Ever in U. S. Armed Forces? in a grunknown) (If yes, give war or dates of serv	16. SOCIAL SECURITY NO. 218/028664	Afred N. Hu.	rdock.	3210 Like AV.
	1B. 4/0,91	CAUSE OF DEAT	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		ISE Myocardial	Intract	8 haux
	(This does not mean the mode of dying,		A CONSEQUENCE OF:	-1/4101	o cours,
	heort failure, osthenio, etc. It means the dise injury ar camplication which caused deoth.)	ose,		1 ) .	
	ANTECEDENT CAUSES		rioscleratic Hee	art Diveas	e years
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	ralized Art	5 - 1 - 1 - 2	
	UNDERLYING CONDITION Iosl.	(c) (Jene	ralized itil	enosaesos	15 years
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMII DISEASE OR CONDITION GIVEN IN PART 1 (A).				
ERTIFICA		OR WHICH OPERATION	20A. AUTOPSY? (Yes o Ng)	208. IF YES, WERE FI	NDINGS CONSIDERED
		1020 01 100 00 111111111111111111111111	1 1016 1016		
CALC	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(It In Baltimare	City, give exact location)
EDI	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
2	(APPROX.)	While At Not While Work At Work	° [, ] au	<b>.</b> .	1 1 an
	22. I certify that (I) (this hospital) attend	ed the deceased from	8/22/1.35 19	1200 8/	22/2/2/19/2
	that (I) (we) lost saw the deceased alive	on,		'	ion death accurred on the date
	ond hour and from the causes stated above	e. (1) (We) (did) (did not) v	iew the body ofter deoth.		
	23A. SIGNATURE	M) - AM	nding Med. S	hoff DX	23 B. DATE SIGNED
	23C. PHYSICIAN'S	DEGREE Phy	s. Director Pi	hys	8/22/12
	NAME (Type)	7 (	unti- Heleten	1 Rd A	1 2
244	BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRI	MATORY 24D. LO	CATION (O)	, lown, or county) (Stote)
1	SEMOVAL (Specily)	9 1 19	1- 11/	1: 61	ml
25A	DATE REC'D BY HEALTH DEPT - 258. NA	ME OF REGISTRAL	25C. FUNERAL DIRECTOR	inske	F ADDRESS
	AUG29 1972 Thomas	NIUNI	Ellist The Fran	reraltame	-1129Nardine St
VS	150-REV. 1/1/6B		1 1 2 5	-/ 11 10 (1)	7.00



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	Tala	BALTIMORE CIT	Y HEALTH DEPARTMENT	72 00000
	72 085	3 m ~	TE OF DEATH	REG. NO. 72 08258 4
1.	NAME OF DECEASED			STATE OF MARYLAND-DHMH
(T)	(pe or Print)	9 JUCKER	(22)	72 11:05 AM
3,	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. Il institution residence before admission
H	JLL NAME OF OSPITAL OR ADDRESS OR LOCATION	NSTITUTION, GIVE STREET	Md.	D. INSIDE CITY LIMITS?
	Good SAMARITAN	4000	Baltimor	YES W NO T
L	TO SAMARITAN	Hosp.	E. STREET AND NUMBER	51
5.	SEX   6. RACE   7. sage		1 1 1 1 1	. Edison Highwy,
	F B WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	1 111511/-	9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10/	USUAL OCCUPATION (Give kind of work 10B, KIT	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country) 12. CITIZEN OF WHAT COUNTRY?
	to done server	od service	Lawerence	ulle VA USA
13.	FATHER'S NAME	+	14. MOTHER'S MAIDEN NA	ME
	JAMES (LUCKER)	Jeffress	HARRL	s. Estelle
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown! (If yes, give wor or dates of sec	SECURITY NO.	17. INFORMANT	ADDRESS
	No	四 2 1	Ruth BANK	(5 /2/2 Edison Hahway
	18.41221 2	CAUSE OF DEAT	н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEACH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- 25	Chanin	
	(This does not meon the mode of dying,) heort failure, osthenio, etc. It meons the dis	e.g. (A) IMMEDIATE CAL	A CONSEQUENCE OF:	renal failure 2yr.
	injury or complication which caused des 1			
	ANTECEDENT CAUSES	Chro	nic nuplano	phritis
	DISEASES OR CONDITIONS, If any	iving DUE TO, OR AS	A CONSEQUENCE OF:	Provide S
	rise to the above cause (A) stating UNDERLYING CONDITION lost.	52 (c) type to	usive Clarder	Soscular de sono
_				
0 N	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A)	HE TO STATE	ab of	t Hat
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A)			
CERTIFICATION	WAS PERFORMED	ON WHICH OPERATION	20A. AUTOPSY? (Yes of No.	N 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in	or obout 21C, WHERE DID	(If In Boltimore City, give exect location)
MEDICAL	DEATH (notify medical examines)	home, farm, foctory, street, of	uce pigg- INJUKT OCCUR	
AED	21 D. TIME (Month! (Doy) fYear) fHout	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?
2	[APPROX.]	While At Not While	· 🗆 📗	
	22. I certify that (I) (this hospital) attend		19/72 1	9 72 to 8/22 19 72
	that (I) (we) last saw the deceased alive	on 8 22		at in(my) (aur) apinian death accurred on the date
	and hour and from the couses stated above	e. (I) (We) (did) (did not) v	lew the body ofter death.	to the dotter of the dotter of the dotter
	23A. SIGNATURE		, , , , , , , , , , , , , , , , , , , ,	23B, DATE SIGNED
	flews Thy I am	The second of th	nding Med.	Shoff   8/22/72
	236. PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	rnys.
	I I MOTHY D.	LARNES MD	GOOD SAMA	RIVAN HOZBILDS
24A	BURIAL CREMATION, 248. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CRE	MATORY 24D. LO	CATION (City, town, or county) (State)
Z	Beriel 8-26-72	Baltimer	Cemeter	Balting in 1
25A	DATE REC'D BY HEALTH DETT.   258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
-		Monton	LESTISTINE CAR	Veral Home-1119NOvalor G
VS 1	50-REV. 1/1/68			110-11, 500 11/10

72 08258 % 7-260 72 708258 GENEYA TUCKER 8 22 72 , Estelle Buil 8-26-72 Baltimus Censtery Baltimore, mil

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Al	att	ı
ner.	pro	
amir A fre	ho egu	
e approved by the chief medical examiner or his assistant if death occurred in a hospital and I to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	N L	
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edic	w n	
ef n	cia he r	
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hos	ine (6)	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	n
		11

D			BALTIMORE CITY	HEALTH DEPARTMENT	X	P19 01 0F0
15-62	3 72	08259	CERTIFICA	TE OF DEATH	REG. NO	72 08259
NAME OF DEC			OZICTII TOX	DATE /	ND HOUR OF BEAT	OF MARATAND-DHAM
Tuna as Brinth		1574				
JA CE IN BA	ICK F. BURK	E//	INIGED DEAD	Augus	st 28, 1972	institution: residence before admission)
S. PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONOL	UNCED DEAD	A. STATE B. COU	NTY	Mathematic delate dumaston,
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland I	Baltimore	5 500
NSTITUTION	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
St Am	nes Hospital			Balto., Arbut	cus	YES NO K
0				E. STREET AND NUMBER	A	
900 5.	Caton Ave.			818 Francis	Ave.	
• SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr., If Under 24 Hrs. Months: Ooys Hours Min.
Male	Cauc.	WIDOWED	DIVORCED	Dec. 9, 1916	55	
A. USUAL OCC	UPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	working life, even if retired)	Dmole	Bakery	Ohio		U.S.A.
Salesman		Diane	Danely	14. MOTHER'S MAIDEN N.	A A A E	0 00 0110
Charle	es F. Burkett			Anna M. Chr	istopher	
. Wos Deceoses	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		s of service		W D4774- 1	Described to	010 December Asso
les   18. / / /	WW II		218-03-2105 CAUSE OF DEATH	Mrs. Billie	burkett	818 Francis Ave.
OTHER SIGNI	OR CONDITIONS, if the above cause (A) G CONDITION last.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO	stating the  NTRIBUTING HE TERMINAL	(C)	S, C, V, D  A CONSEQUENCE OF:		
	F OPERATION 198. CON WAS PER	DITION FOR \	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	INT WAS UNDERLYING CUTING CAUSE OF y medical examiner	21 B. hom etc.	e, form, factory, street, of	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltim	ore City, give exoct location)
21 D. TIME	(Month) (Doy) (Yeor)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY		Whi	ile At Not While			
		Wo			( )	
22. I certify	that (I) (this haspital	l) attended t	he deceased fram	you	1962 to 0	lug 28 1972
that (1) (we	) last saw the decease	ed alive an	ang 7	19.72 and	that in (my) (aur) a	pinian death accurred an the dat
and haur an	d fram the causes sta	ted abave. (I	) (We) (did) (did not) v	iew the body after death		
23A. SIGNAT						23B. DATE SIGNED
()	-	1		nding Med.	Staff	6/20/22
23C. PHYSICI	ANS		DEGREE Phys	Director L	Phys. 🗀	8/28//2
NAME (	Type)				1	
	V. C. /0	UND	DEGREE	7325 T-K	dench	an
AA. BURIAL CRI	MATION, 24B. DATE	24C. N/	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION	City, town, or county) (Stote)
Burial	8/31/72		estlawn Cemete		Howard Co.	Maryland
DA. DATE REC'E	BY HEALTH DEST.	ZSB. NAME S	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
AUGZ 9	1912 Whay	My JAM	AN AN AN AN	Witzke Inc.	1630 Edmonds	son Ave. 21228

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	-1121				REG. NO	
BIRT	TH NO.	00,0	CERTIFICA	ATE OF DEATH	ATS	TE OF MARYLAND-
	AME OF DECEASED			2. DATE	AND HOUR OF DEAT	Н
	CULUITA	, SARA;	VALUE OF THE PARTY		UGUST 27,	1972 7:15
3. P	LACE IN BALTIMORE, MARY	LAND, WHERE FRONG	DUNCED DEAD	A. STATE B. CO	UNTY	institution: residence before or
110	L NAME OF (IF NOT IT	N HOSPITAL OR INSTI	TUTION, GIVE STREET	MARYLAND		485
INS		HOSPITAL		C. CITY OR TOWN		VES NO
4	CATON & W	ILKENS AVE	NUE	E. STREET AND NUMBER		123 🖂 140 🗆
-	BALTIMORE	MARYLA ND	21229	5112 GREE	NWICH AVEN	NUE 21229
5. S	EX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months: Doys Hours
	MALE CAUCAS	W 1 / 1 1		02 25 87	85	
	USUAL OCCUPATION (Give keep during most of working life, even		F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT
	HOUSEWIFE			ITALY		U.S.A.
13. [	FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
				March 19		
15. \ (Yes	Was Deceased Ever in U. S. A., no or unknown) (If yes, give w	Armed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT	NS AVENUE	21229 DRESS
	, , , , , , , , , , , , , , , , ,	or services	213-74-3066		SPITAL REC	
	18. / / 7 / 21.	+760	CAUSE OF DEA		SHILL P VEC	APPROXIMATE IN
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## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

do				HEALTH DEPARTMEN	T	210
SHATH NO.	0 72 (	08231	CERTIFICA	TE OF DEATH	H REG. NO	OF MARYLAND-DHMM
1. NAME OF DE		Chowle		2, DAT	8/26/72	H
3. PLACE IN BA	Harry R. S		UNCED DEAD		Where deceased lived, If	institution: residence before admission)
FULL NAME O	F (IF NOT IN HOSPI	TAL OR INSTIT	TUTION, GIVE STREET	A. STATE B. C	OUNTY	2864
HOSPITAL OR	ADDRESS OR LOC	AllON)		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
01	Caton Man	nor Nurs	sing Center	Baltimore		YES 🔀 NO 🗌
70				E. STREET AND NUMBI		pt #A"
S. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
Male	White	WIDOWED		7/31/90	lost birthdoy	Months Doys Hours Min.
			F BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY
	of working life, even if retired)				, , ,	
Retired		Genera	al Motors	Pennsylvania		USA
3. FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME	
5 Was Deseas	ed Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or unknov	wn) (If yes, give wor or do	les of service)	SECURITY NO.			
Yes	WW I		213-10-4315	Mr. Dorsey B	aldwin, 4917	Westhills Road 2122
1B. // C	7/ //	7 a 14 1	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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(APPROX.)			ork At Work			01
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	e) lost sow the deceos		0/11			plnion death occurred on the do
						dodin deconed on the de
		oted obove. (	(I) (Wé) (did) (did not) v	iew the body ofter de	oth.	
23A. SIGNA	TURE	N	. 0 .			23B. DATE SIGNED
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Z3C.PHYSIC	IAN'S	100 ye	O UE DE KEE	23D. ADDRESS		10/10
NAME	(Type)	Raman			3	,
	Dr. Wm. J.	Bryson	DEGREE	Westview Mal		
AA. BURIAL C	REMATION, 248. DATE	24C. N	AME of CEMETERY OF CRI	MATORY 24	D. LOCATION	(City, town, or county) (State)
Burial	8/29/	72 10	rraine Park Ce	emeterv	Baltimore, M	aryland
25A. DATE REC			OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS
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VS 150-REV. 1/1/6B

REG. NO.	TE OF	MARYLAND DHMH
R OF DEATH	:45	٨M
		residence before admission)
sed lived, ii iiis	IIIOIIOII.	delice before damissians
D. INSIE	E CITY I	INAUTCO
	YES T	V
TREET		
(In years	It Unde Manths	er 1 Yr. If Under 24 Hrs. Doys Haurs Min.
try)	12. CIT	ZEN OF WHAT COUNTRY?
		USA
		ADDRESS
51:	26 Le	evindale St.
		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
c 11.		
collaps:	k	•••••••••
32		
PANCUM	1	Lygae
IE VEC WEDE E	INDING	CONCIDENT
IF YES, WERE FERTIFYING CAU	SES OF	DEATH?
(If In Boltimore	City, gi	ve exact location)
CCUR?		
ta	Aus	23 19 72 ,
		ath accurred on the date
.,, (20., 0)		
		TE SIGNED
	5	7/23/12
11		
NS HOSP	ITA	_
N (Cit	y, town,	ar caunty) (State)
timore,	Md.	
	-	ADDRESS
UNERAL H		1701 Laurens St
213	17	

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Maria Sa Valudino di

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14. 38. 1

1	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	2 2

	RALTIMODE CIT	HEALTH DEPARTMENT	"10 00000 d
K-128 72	4.0000		10 /2 U8263 mm/m
BIRTH NO. 67-14334	CERTIFICA	TE OF DEATH REG. N	STATE OF MARYLAND DHAN
1. NAME OF DECEASED	1 11.0	2. DATE AND HOUR OF E	DEATH
Dufus, Li	amonte McCVA		12 18:45 PM
3. PLACE IN BALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	ed. Il institution: residence before admission
FULL NAME OF OF NOT IN HOSPI	TAL OR INSTITUTION, GIVE STREET	Md.	1503
NOITUTIENI		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Zo University of	Md. Hospital	BAHIMORE	YES NO
Dept of Ped	€.	E. STREET AND NUMBER	
		TOYIRISh CONVALESCENT)-	tonie, GARRISON
5. SEX	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
141   15	WIDOWED DIVORCED	1-7-67 4	URS.
OA. USUAL OCCUPATION (Give kind of wordene during most of working life, even if refired)	k 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
child		Baltimore, Md.	U.S.A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0000
Chaples R.	. C. s	Marsu Amco	₩ <b>&gt;</b> :
5. Was Deceased Ever in U. S. Armed For	I 6. SOCIAL	17. INFORMANT	Kmy .
res, no or unknown) (If yes, give war ar dote	es of service) SECURITY NO.		ADDRESS
NO		mother 1801	/N
18.	CAUSE OF DEAT	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY	til D	1
(This does not mean the made of	dving (A) IMMEDIATE CAL		Nid and
hearl lailure, asthenia, etc. It means	the disease.	A CONSEQUENCE OF Paludomono	SUTI
injury or complication which caused			
ANTECEDENT CAUSES	IN IVITAGE	Thenlia GRAVIS	
DISEASES OR CONDITIONS, il rise la the above couse (A)	ony, giving DUE TO, OR AS	A CONSEQUENCE OF:	
UNDERLYING CONDITION last	(c)		
11			
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING		
DISEASE OR CONDITION GIVEN IN PAR	Τ 1 (Δ).	***************************************	***************************************
WAS PER	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES,	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
21A ACCIDENT WAS UNDERLYING			O CAUSES OF PEAIN!
OR CONTRIBUTING TICALICE OF	21B. PLACE OF INJURY (e.g., i hame, farm, foctory, street, of	or obout 21C. WHERE DID (If In Bice bldg., INJURY OCCUR?	ltimore City, give exact location)
DEATH (natify medical examine)	etcJ		
21 D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	White At Work At Wark		
22. I certify that (1) (this hospital	) attended the deceased from	7-20-70	0 04 75
that (1) (we) lost sow the decease	d alive an 8-24		8-27 19/2
<u> </u>		ond that In (my) (our	opinion death occurred an the date
23A. SIGNATURE	ed above. (1) (We) (Ald) (did nat) v	ew the bady after death.	
23A. SIGNATORE	Aug	f	23B. DATE SIGNED
9. y. Kouton,	M.D. DEGREE Phys	ding Med. Stoff Phys.	8-24-72 10PM
23C.PHYSICIAN'S NAME (Type)		3D. ADDRESS	
FAUE EATON	M.D. Marson, ND.	UNIV. of Md. H	ospital, Dept of Redir
BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D CATION	(City, town, for county) (Stote)
DUVIDA 8129-	7) 1/4 4	10 14 11	MA
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAND	25A. TUNERAL DIRECTOR	full souls of
AUG2 9 1972	drey whomen	The offer of	FIL INDIA ADDRESS
\$ 150-8FV-1/1/68	1	Helder on the H	H 1101- NATURUS

12/23/7/ 1801 Moretand Ave. 21716

BIE	-206		MED	ICAL		AMINER'S			OF	DEATI	H REG. NO	72	0826	4_
1. 1	NAME OF DEC	EASED			===		2. DATE	Known	2	Month	Doy	Year	Hour	
(IAI	e or Print)	E	mmett :	Lewis	3		DEATH	Estimot	led 🔲	8	24	72	4:30	P.
4.	PLACE IN BALT					UNCED DEAD	3. DATE			Month	Doy	Yeor	Hour	
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINS	סודטחור	N, GIVE STREET		INCED DE		8	24	72		P. M.
	INSTITUTION.	Un	iversi				A. STATE	faryla			ed, If Institution: B. COUNTY	residence	3/2	S
6. 5	SEX	7. RACE		B. MARI	RIED X	NEVER MARRIED	C. CITY OR	TOWN			D. INSIDE CIT	Y LIMITS?		
	Male	Negr	0	WIDOV	VED [	DIVORCED	(	rowns	vill	e	YE	s X	NO 🗆	
9. [	ATE OF BIRTH		to.AGE (in lost birthdoy			der 1 Yr. il Under 24 Hrs. ns i Doys i Hours i Min.	E. STREET			o Stat	e Hospit	- 21		
1.1	1-31-34 BIRTHPLACE(S	nte or foreto	38		12 C	TIZEN OF	13. FATHER		ATTI	e stat	e nospre			
• • •	Baltimo					HAT COUNTRY?	-	mmett	Lew	is				
14A	USUAL OCCU	ATION (GIV	e kind of work	48. KIN		USINESS OR INDUSTRY	15. MOTHE	S'S MAIDE	NAN	NE .				
don	eduring most of w	orking life, ev	en a retired)	Dept	t Sc	c. Services	M	yrtle	Lew	is				
16.	WAS DECEASE	DEVERIN	U.S. ARMED	FORCE	5?	17. SOCIAL SECURITY NO.	IB. INFORM				AD	DRESS		
(Ye:	, no or unknown)	(If yes, give v	vor or dotes o NO	of service	)	SECURITY NO.	M	rs. D	elor	es Lew	is 235	Mason		
	19.	00	Y			CAUSE OF DEA						A	PPROXIMATE IN	
	(This does no heart follure,	EADING TO t meon the osthenia, etc.	ITION DIRECT DEATH mode of dyl . It means the ch coused dea	ng, e.g., disease,		(A) IMMEDIATE O	AUSE Sul	dural		atoma		berv	YEN ONSE A	
CERTIFICATION	DISEASES OF RISE TO THE UNDERLYING OTHER SIGN TO THE DEA	IFICANT CONTINUE THE BUT NOT	ONS, IF ANY	ONTRIBUTHE TERM	TING	(B) DUE TO, OR (C)	AS A CONSE	SUENCE O	DF:					-
CERTI						WHICH OPERATION W	AS PERFORM	ED				21. AUTO	Yes	r No)
	22A. EXTERI	NAL CAUSE	1100		loon n			00 1441.50			200	1		
MEDICAL	UNDERLYING UTING CA 22D. TIME ( OF INJURY ( APPROX.)	SE OF DEA	TRIB- TH. Poy) (Year	) (Hou	home,	LACE OF INJURY (e.g., form, loctory, street, office Unknown ELINJURY OCCURRED HILE AT NOT AT W	e bidg., etc.) ii	Unkr	DID INJ	URY OCCU		riocanony		
		ed frams N	eld on la detural course	P ,	m	Inspection Augustion Suicident Suicident M.E.	He He	micide [	DICAL E	Indetermir XAMINER XAMINER	death in my oned manner	× ·	date sign 8-25-72	
	A. BURIAL CREA	AATION, 2	48. DATE			NAME OF CEMETERY	or CREMATO	RY	24D, 1	OCATION	(City, Iown,	or county	) (Stot	e)
	BURIAL		8-29-7	2		MT. CALVERY	CEMETE	RY	B	ALTIMO	RE, MAR	YLAND		
	AUG29				2 .	OF REGISTRAR	25C.	UNERAL	DIRECTO	R		DRESS	NS ST.	
VS	151-REV. 1/1/68		7	1		2011		1 6	Ü			1 1		

8/17/72 235 Mason CT. The state of the s

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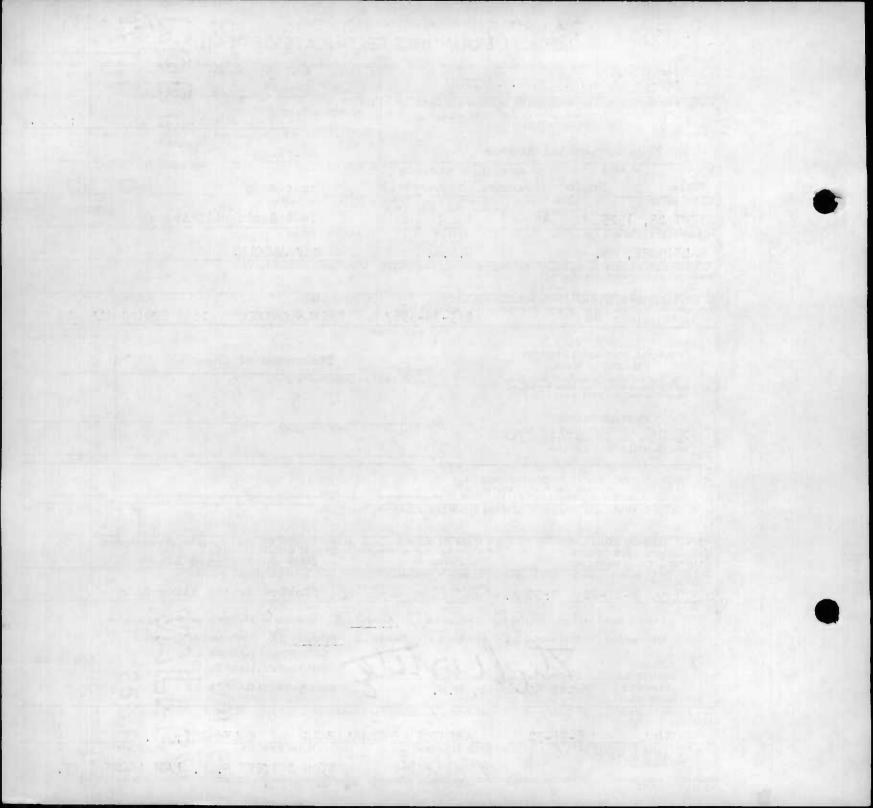
THE MALL ILLES TO SELECT

## STATE OF MARYLAND-DHIME

72 08265

72 082	BALTIMORI	CITY MEALI	H DEPAKIMENT		
MEDICA	L EXAMIN	ER'S CER	RTIFICATE	OF	DEATH RE

J-350 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG NO.	
BIRTH NO.	CERTIFICATE OF DEATH REG. NO.	
NAME OF DECEASED  Type of (EVERSON) ELVERSON G. JACKSON	2. DATE Known Month Day Year Hnur OF Estimoted August 27, 1972	М.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour	
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) R INSTITUTION	PRONOUNCED DEAD August 27, 1972 2:51 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before odm	L A.M.
2604 Springhill Avenue	A. STATE Maryland B. COUNTY /5	2
S. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Male Negro WIDOWED DIVORCED	Baltimore YES NO	
SEPT 23, 1925 IO. AGE (In years of Under 1 Yr. If Under 24 Hrs. lost birthday)  Months: Days Haurs Min.	2604 Springhill Avenue	
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
BALTIMORE, MD. WHAT COUNTRY?	GUY JACKSON	
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	TY 15. MOTHER'S MAIDEN NAME	
one during most of working life, even if retired)		
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS	
NO 213-34-9567	SHEILA CARTER 2604 SPRINGHILL AVE	
19. CAUSE OF DEA	ATH APPROXIMATE SETWEEN ONSET	
DISEASE OR CONDITION DIRECTLY	Ob leave 1 of cheek	
LEADING TO DEATH (A)IMMEDIATE	CAUSE Stabwound of chest	
(This does not mean the made of dying, e.g., heart loilure, asthenia, etc. it means the disease,	AS A CONSEQUENCE OF:	
Injury or camplication which coused death.)		
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION V		
20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION V	NAS PERFORMED 21. AUTOPSY? (Yes	ar Na)
٥	Yes	
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g. underlying Or Contrib.	., in or about 22C, WHERE DID (it in Baltimore City, give exact location) ilce bidg., etc.) INJURY OCCUR?	100
☐ UTING ☐ CAUSE OF DEATH. Home	2604 Springfield Avenue	100
22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?	
(APPROX.) 8-27-72 2:30 A. m. WHILE AT NO AT	Stabbed during altercation	
1 certify that I held an Inquiry Inspection A	utopsy and that on this basis, death in my opinion	
resulted from: Natural causes D Accident D Suici	Ide Homicide XX Undetermined manner	
ACTUAL XI. // / / / / / / / / / / / / / / / / /	CHIEF MEDICAL EXAMINER DATE SIG	GNED
SIGNATURE AU / WM.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Peter Lipkovic, M.D.	Associate Medical examiner L August 27, 19	972
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETER	Y or CREMATORY 24D. LOCATION (City, tawn, ar county) (S	itate)
BURIAL 8-31-72 ARBUTUS MEM		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	MORTON & DYETT F. H. 1701 LAURENS ST.	
VS 151 9EV 1/2/49	1 1 2 5	



sed the the	BI	F-920 /2	08266	CERTIFICA	TE OF DE	ATH
O D N		Pe or Print) Finch	· Fanni-	e. MAE.		2 DATE AND HOU
a de	3.	PLACE IN BALTIMORE, MARYLAND	, WHERE PRONOUN	ICED DEAD		ENCE (Where deceo:
2 1.70	FLHIN	LL NAME OF (IF NOT IN HOS	SPITAL OR INSTITUT	ION, GIVE STREET	C, CITY OR TOW	Balti
T 0 80 T	1	Chas Hopkins H	ospital		Balt	inse
uting ed ca ar at prio			ay Balt	. 21205	E. STREET AND	E THLAN
occurred intribution regular assed pri	5.	EX 6. RACE		NEVER MARRIED	8. DATE OF BIRTH	
0 0 - 0 -	10/	USUAL OCCUPATION (GIVE kind of	WIDOWED Work 10B. KIND OF B	DIVORCED USINESS OR INDUSTRY	12-25-	25 46 Slote or foreign count
# - p - p 0	dor	during most of working life, even if relire	id)	OSTITUTE OF THE OSTITUTE OSTI	) LACE	note of fatelgh count
if dect o 4) Un was the sposit	13.	FATHER'S NAME	1		14. MOTHER'S M	AIDEN NAME
dispension of the control of the con	100	Dunny Usn	nond		Nelle	Kdge
2000	(Ye	Was Deceased Eve in U.S. Armed s, no or unknown! (If yes, give wor or o	doles of service)	6. SOCIAL SECURITY NO.	MINFORMANT	13
if the same dance or fin	-	18. 7 7 LL X 1		CAUSE OF DEATH	Kelme	PINCH
den #0,		DISEASE OR CONDITION LEADING TO DEAD			Tour	10
250		(This does not mean the made	of dving. e.g.	(A) IMMEDIATE CAU	SE/EYMI MA	of Cara
and		heorl loilure, astherio, etc. It med injury or complication which cous	sed deoth.)			
Xam Kami A fr who regure		DISEASES OR CONDITIONS,		(B) DUE TO, OR AS	A CONSCOURNES	O.E.
		nise to the obove couse (AUNDERLYING CONDITION jost.	A) stoling the	(c)	A CONSEQUENCE	Or:
medica nedical burns; ohysicia an was remain	_	11		(0)	***************************************	
f medical medical y burns; physicia ian was	ATION	OTHER SIGNIFICANT CONDITIONS ( TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN F	O THE TERMINAL	4*************************************		***************************************
a a loody he he the	ERTIFIC	19A. DATE OF OPERATION 19B. CO	ONDITION FOR WH	1 /	20A. AUTOPSY?	(Yes or No) 20B, JF
000000	U	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		ACE OF INJURY 16.9. in iorm, loctory, street, off	or obout 21 C. WHI	RE DID
by the pital whe whe do	CAL	DEATH (notify medical examiner)	etc.J			
pt atu	MEDI	21 D. TIME (Month) (Day) (Yes OF INJURY (APPROX.)	White			V DID INJURY OCC
pprove the h any nc (except; and		22. I certify that (i) (this haspi	tol) ottended the	deceased from	8/2/	19 7 2
m 0		that (i) (we) last saw the decea	sed olive on	8/25	19 7 2	ond that in (my
pit pit		ond haur and from the causes s	toted obove. (I)	We) (did) (did not) vi	ew the body ofte	er deoth. 21
S D O E		Tumo lle	Sk	M.D Atten	ding   Med	Staff Phys.
This certificate must the body was releas shows: (1) An accide was D.O.A. at a hos deceased prior to de		23C.PHYSICIAN'S NAME (Type)		DEGREE Phys.	3D. ADDRESS	Phys. —
was was ) An A. at I prio	244	SUMIO UEN BURIAL CREMATION, 24B, DATE	1ATSU	MID DEGREE	60/N.B	roadwar
This certification of the pody shows: (1) was D.O., written a	D	REMOVAL (Specify)	-16 24C.NAM	11.	MATORY	24D/ LOCATION
This certhe boc shows: was D. deceas	25A	DATE REC'D BY HEALTH DEPT.	25B NAME OF	REGISTRAR	25C. FUNERAL	DIRECTOR
ませる のはは	VE	AHG29 1972	Silvey In	horrow "	19000	in tellye

BALTIMORE CITY HEALTH DEPARTMENT

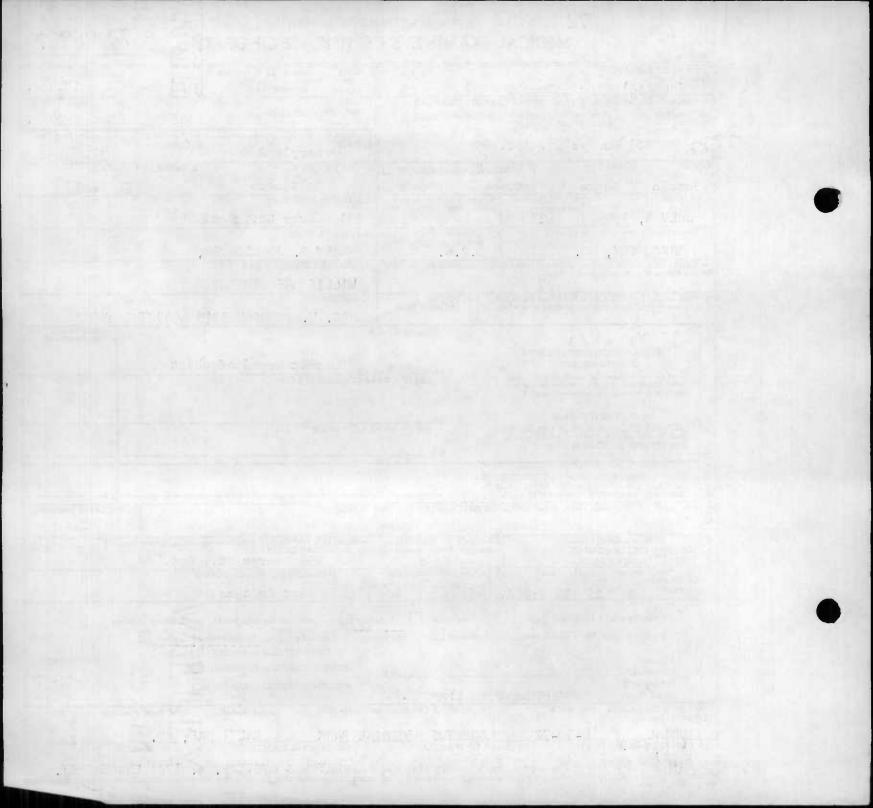
72 08266 STATE OF MARYLAND-DHMH AND HOUR OF DEATH 25-72 50/1 There deceased lived. II institution; residence before admission) alhimore D. INSIDE CITY LIMITS? YES T NO HLAND 9. AGE (In years lost birthday) II Under 1 Yr. II Under 24 Hrs. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? reign country) USA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20% IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) JURY OCCUR? hat in (my) (aur) apinion death occurred on the date 278. DATE SIGNED

or countyl

(State)

4 6

0.100 72 08267 BALTIMORE CITY HE	EALTH DEPARTMENT	
MEDICAL EXAMINER'S		72 08267
BIRTH NO.	REG. NO.	
I. NAME OF DECEASED	2. DATE Known Month Doy	Yeor Hour
(CLORIE) Glorie Powell	DEATH Estimoled   8 25	72 2:20 A. <sub>M</sub>
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 8 25	72 1 2:20 A.M
ORINSTITUTION	5. USUAL RESIDENCE (Where deceased lived, If Institution	
851 George St. Apt. 90	A STATE Maryland B. COUNTY	1703
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
Female Negro WIDOWED DIVORCED	Baltimore ye	s 🛛 No 🗌
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Nonths: Days: Hours:   Min.	E. STREET AND NUMBER	
JULY 4, 1945 27	851 George St., Apt. 90	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
MONTGOMERY, MD. WHAT COUNTRY?	HARRY B. JOHNSON SR.	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	VIS. MOTHER'S MAIDEN NAME	
done during most of working life, even if reitred)		
IN WAS DECEASED EVEN IN HIS ADMED CORCES. HIS COCKE	WILLIE MAE JOHNSON	
[16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL (Yes, no er unknown) (If yes, give wor or dotes of service)   SECURITY NO.		DDRESS
	MRS. W. JOHNSON 5019 AARBUT	TUS AVENUE
CAUSE OF DEA	ATH .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH	CAUSE Gunshot wound of chest	
	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
AANTECEDENT CAUCEE		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	The state of the s	
Z UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W/		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A)-		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
O		Yes
Z22A. EXTERNAL CAUSE WAS 228.PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (II in Baltimore City, give expe	rt leculion)
UNDERLYING OR CONTRIB-	in or about 22C, WHERE DID (II in Baltimore City, give example bldg., etc.) INJURY OCCUR?	^
UTING CAUSE OF DEATH.  Home  220. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	851 George St., Apt. 9	0
OF INTURY		
(APPROX.) 8 25 72 2:00A.m. WHILE AI WORK	while shot in chest	
I certify that I held on Inquiry Inspection Au		
resulted from: Natural couses Accident Suicid		ži die
ACTUAL OIG MUDDALL	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	8-25-72
NAME (Type) William P. Mulloy, M.D.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town,	or county) (Slote)
BURIAL 8-30-72 ARBUTUS MEMOR	IAL PARK BALTIMORE, MD.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DDRESS
AIIC20 1079 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 AUDENC CT
VS 151-REV. 1/1/48	MORTON & DYETT F. H. 1701	LAUKENS SI.
TO TOTALE. 7/1/00		1111



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1) 12.	19.77%		BALTIMORE CITY	HEALTH DEPARTMENT		PIO 0.000
N-400 BIRTH NO.	72	08268	CERTIFICA	TE OF DEATH	REG. NO	OF MARYLAND DHIM
I. NAME OF DEC	EASED			2. DATE A	ND HOUR OF DEATH	1
(Type or Print) N	OLLEY, GEORGE	ALBERT		Aug	ust 23, 197	2   5:25 A.M
	TIMORE MARYLAND, WI		NCED DEAD		ere deceosed lived. If	institution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	TION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	Administratio	n Hosnit	.al	BALTIMORE		YES TO NO
	Raven Blvd.,	II HODDIC	/G.L	E. STREET AND NUMBER		
				1102 Druid Hi	11 Avenue	
S. SEX	Md. 21218	7. MARRIED	TAIRVED MADDIED C	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
				2/17/03	lost birthdoy	Months Doys Hours Min.
MALE	NEGRO	WIDOWED				IN CITITED OF WHAT COUNTRY
lone during most of	working life, even if retired)  DRIVER	108, KIND OF	BOSINESS OF INDOSIKE	I. BIRTHPLACE (Stote or fo		U. S. A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	AME	
BAIL S.	NOLLEY			ORA CLAIBORN	E	
	(If yes, give wor or dote: 3/1/62 to 2/	of service)	6. SOCIAL SECURITY NO. 215 05 65 02	Medical Reco VA Hospital,		ADDRESS
DISEASES (	not mean the made of asthenia, etc. It means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.	the disease, death.)	(B) ARTER	A CONSEQUENCE OF:  RIOSCLEROTIC CAT  A CONSEQUENCE OF:	rdiovascular	R DISEASE YEARS
TO THE DEAT	WAS PERE	TETERMINAL  TO (A).  DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or NONE	No) 208, IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF medicol exominer)	21B. I home etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
21 D. TIME OF INJURY (A PPROX.)	(Month) (Doy) (Yeor)		e At Not While At Work		NJURY OCCUR?	
that (1) (we)	d from the causes stat	d alive an	August 23	August 4	that in (hy) (aur) as	ugust 23 19 72 pinian death accurred an the date
23A. SIGNATU	as R. Hen	m	AT DECREE	ending Med. Director	Stoff Phys.	8-23-72
23C. PHYSICIA NAME (1 MEYE)	R. HEYMAN, I		OEGREE	VA Hospital, F	Baltimore, M	d. 21218
REMOVAL BURIAL CRE			ME OF CEMETERY OF CR		BALTIMORE,	City, town, or county) (Stote) MARYLAND

ADDRESS 25C. FUNERAL DIRECTOR F. H. 1701 LAURENS ST. 3 DYETT

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CONCAL HESE 72 TO BALTHORS NATIONAL OF EVERY HE TAKET STORY, TOWNSHAME OF

TO LANGE OF THE STATE OF THE ST

STATE OF MAKYLINU -DHIME 72 08269 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 72 08269 BIRTH NO 1. NAME OF DECEASED 2. DATE Known A Month Day Year (Type or Print) WILLIAM H. BROWN OF August 23, 1972 Estimoted DEATH 3. DATE Doy Hour 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Month PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 6:13 P. M August 23, 1972 ADDRESS OR LOCATION OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) B. COUNTY A. STATE Provident Hospital (DOA) Maryland D. INSIDE CITY LIMITS? C. CITY OR TOWN 6. SEX 7. RACE 8. MARRIED NEVER MARRIED Male YES X Negro WIDOWED Baltimore NO DIVORCED \_ E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. lost birthday) Months | Days | Hours | Min. 2800 Ridgewood Avenue 4-28-38 13. FATHER'S NAME 11. BIRTHPLACE (State or Jareign country) 12. CITIZEN OF WHATCOUNTRY MOSES BROWN ST. STEVENS, S. C. 14A.USUAL OCCUPATION (Give kind of work) 48. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working lile, even if retired) HATTIE VANCE WHITE HOUSE 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) MOSES BROWN NO CAUSE OF DEATH Severe pulmonary congestion and DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Cerebro-cranial injuries DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED Yes 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (it in Boltimore City, give exact location) home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Parhen & McHenry 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-Warehouse UTING CAUSE OF DEATH. Schapiro & Whitehouse 22F. HOW DID INJURY OCCUR? 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT OF INJURY NOT WHILE (APPROX.) 3-11-72 Fell down stairs AT WORK

823 J STREET SPARROWS PT. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 21. AUTOPSY? (Yes or No) Autopsy X and that on this basis, death in my opinion I certify that I held an Inquiry Inspection Accident X resulted from: Notural couses Sulcide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGN ATURE **EXAMINER'S** Marvin S. Platt, M.D. ASSOCIATE MEDICAL EXAMINER August 24, 1972 NAME (Type) 24A, BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) BALTIMORE, MARYLAND 8-28-72 MT. AUBURN CEMETERY BURIAL 25A. DATE REC'D BY HEALTH DEP .. . - 258 MAME OF REDICIRAR 25C. FUNERAL DIRECTOR ADDRESS AUG29 MORTON & DYETT F. H. 1701 LAURENS ST. VS 151-REV. 1/1/68

10-12-1972 - Completion of cause of death on a Pending Medical Examiner Death Certificate Marvin S. Platt, M.D. HS

assistant if death occurred in a hospital and f the direct or contributing cause of death y kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the ance on the deceased prior to death. Such	or ringi disposition is made.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the	written approval must be obtained before the remains are embalmed of final disposition is made.

0	an ec B	00000	BALTIMORE CITY	HEALTH DEPART	MENT		72 08270
( -200	5 /2	08270	CERTIFICA	TE OF DE	ATH	REG. NO.	OF MADVIAND DUNCT
INAME OF DEC	CEACED		<b>GE</b> ((1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)			NO HOUR OF DEATH	OF MARYLAND-DHMH
(Type or Print)	CHASE, JA	MES ART	HUR	2		August 23,	
3. PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDE	NCE (Whe		institution: residence before admiss
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Marylan	d Bal	timore	SIDE CITY LIMITS?
1	leterans Admin		on Hospital	Baltimo		D. 114.	YES NO
The second second	3900 Loch Rave			E. STREET AND N	UMBER		
1	Baltimore, Md.	21218		1129 Ar	gyle .	Ave.	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy) 57	If Under 1 Yr. If Under 24 I Months: Doys Hours Min
Male	Negroid	WIDOWED	DIVORCED _	6-27-1	5	57	
	UPATION (Give kind of work working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	Maryla		BALTIMORE	12. CITIZEN OF WHAT COUN
				Maryra	na ,	DALL I ITORE	0. D. A.
13. FATHER'S NA	ME			14. MOTHER'S MA	AIDEN NA	ME	
0.00	JOHN CHASE			LILLIE	CHAS	SE	
	d Ever in U. S. Armed Form		1 6. SOCIAL				pital ADDRESS
Yes	11-12-42 to	2-8-46	213-01-9453	3900 Loc	h Rav	en Blvd., B	altimore, Md.
18.	AXI		CAUSE OF DEAT	н			APPROXIMATE INTERVA
DISEA	SE OR CONDITION DIR	RECTLY					BETWEEN ONSET AND DE
(71)	LEADING TO DEATH		(A) IMMEDIATE CAL	SE Intracta	ble S	hock	24 Hours
heart failure,	nat mean the made af , asthenia, etc. It means	the disease,	DUE TO, OR A5	A CONSEQUENCE O	F:		
injury or cor	mplication which coused	deoth.)					
	ANTECEDENT CAUSES		(8) Sepsis	20 Breakdo	wn Me	diastinum C terposition	olon 5 days
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE	OF: In	terposition	
	G CONDITION lost.	stating the	(c) Advance	d Carcinom	a Eso	phagus	3 weeks
	- 11						
	FICANT CONDITIONS COL						
	TH BUT NOT RELATED TO TH CONDITION GIVEN IN PAR	T 1 (A).					
<u>  L</u>	F OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY?	(Yes or N	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
8/18/72	2 Esopha		rcinoma	No	105 010		
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)		PLACE OF INJURY (e.g., i e, larm, factory, street, o	ffice bldg., INJURY C	DC CUR?	(If in Boltimo	are City, give exact location)
O 21 D. TIME	(Month) (Day) (Year)	(Hour) 215	INJURY OCCURRED	215 HOW	V DID IN	JURY OCCUR?	
S OF INJURY	(Wilding) (Day) (Year)		ile At   Not Whil		V DID IN.	JORT OCCOR:	
(APPROX.)		Wo	rk				
22. I certify	y that 🕦 (this hospital	) attended t		ugust 4,		19 72 to Aug	
that XIX (we	) lost saw the deceose	d alive an	August 23,	19 72	ond th	hot in (my) (aur) op	inion death occurred on the
ond hour an	nd from the couses stat	ed above. (	(We) (did) (MCADAN) v	lew the body ofte	er deoth.		
23A. SIGNAT	URE	0-					23B, DATE SIGNED
W. STI	NDELAR, M. D.	ya_	DEGREE Phy	ending Med s. Dire-		5 taff Phys.	August 24, 1972
23 C. PHYSICIA	ANS			23D. ADDRESS	A TTO		
	SINDELAR, M.D.	9			A Hos	-	10
24A BIIDIAL CRE	FARATION 248 DATE		AME of CEMETERY of CRI	EMATORY	24D. I	LOCATION (	City, town, ar county) (State
BUR IAL	(Specify) 8-28-72	2 GET	TTSBURG NATION			GETTSBURG.	PENN.
	BY HEALTH DEFT.		AF REGISTRAR	25C. FUNERAL			ADDRESS
AUG29	4070	ey fre	worken				DI LAURENS ST.
VS 150-REV. 1/1/		A	4 13-11-0	1 2 (	) 5		

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	1		BALTIMORE CITY	HEALTH DEPARTMENT		72 08274
U	1-356	72 08271	CERTIFICA	TE OF DEATH	REG. NO.	E MARYLAND DEMH
BIR	AME OF DECEASED				D HOUR OF DEATH	A MILLIAND SDINK
(Тур	o or Print) Willia	m R. Whitn		8	-27-72	4 P. M.
3.	LACE IN BALTIMORE MARY			A. STATE B. COUN		itution: residence before admission)
HC	LL NAME OF (IF NOT II SPITAL OR ADDRESS TITUTION	N HOSPITAL OR INSTITUTE OR LOCATION	TUTION, GIVE STREET	Md .	D. INSIDI	E CITY LIMITS?
liv.		anna Des		Baltimore		YES NO 🗌
3	1304 AI	gonne Driv	е	1304 Argon	ne Drive	21218
5. 5	EX 6. RACE	7. MADDIED	NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	M W	WIDOWED	= =	2-17-1889	lost birthdoy)	Months Doys Hours Min.
	USUAL OCCUPATION (Give I		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Ret. Salesman		Oil Co.	Gelatt, Pa.		USA
	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	A E	
	George	Whitmarsh		Sue Ge	latt	
15. (Ye:	Was Deceased Ever in U.S., no or unknown) (If yes, give v	Armed Forces? wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	yes WW	I		Mrs. William		
	18.441.21	/	CAUSE OF DEATH	umbenten set.	tie	APPROXIMATE INTERVAL
	DISEASE OR CONDI			aneurism		Sudden
	(This does not mean the heart failure, asthenia, etc.		DUE TO, OR AS	SE A CONSEQUENCE OF:		Monre
П	injury or complication which		Arteriesc	leresis		Many
	ANTECEDENT	CAUSES	(B)			years
	DISEASES OR CONDITION			A CONSEQUENCE OF:		
	UNDERLYING CONDITION	l last.	(c)			
N	OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING	No	ne		
ATIC	TO THE DEATH BUT NOT REL	ATED TO THE TERMINAL				
CERTIFIC	19A. DATE OF OPERATION	19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
-	21A. ACCIDENT WAS UNDER	ERLYING 21 SE OF ho	B. PLACE OF INJURY (e.g., in me, farm, foctory, stroot, of	or obout 21 C. WHERE DID	(If in Boltimore	City, give exect location)
CA	DEATH (notify modical exami					
MEDI	OF INJURY (Month) (Do		E. INJURY OCCURRED  hile At Not While	21 F. HOW DID INJ	URY OCCUR?	
	(APPROX.)	W	ork At Work			07 1070
	22. I certify that (I) (		Aug. 21, 1972		19 ta Allg.	27, 1972 19
	that (I) st saw the			ed	ortin(my) (osws) opini	an death occurred on the date
	and haur and fram the ca	uses stoted above.	(I) (EGUGES (AUDGS) V	iew the bady after deoth.		23B, DATE SIGNED
	PA	B Olling	Tatan Atto	nding Med.	Staff   Hart	Aug. 28, 1972
H	23C. PHYSICIAN'S	). This	DEGREE	23D. ADDRESS	Phys.	22-81
ŀ	R. B. Wri	ght M.D.		313 Medical	Arts Bldg	
247	BURIAL CREMATION, 248.		AME of CEMETERY of CRE			, town, or county) (Stote)
1	REMOVAL (Specify) Burial 8-	30-72 Mo	reland Mem.	Park Ba	ltimore, C	o. Maryland
	A. DATE REC'D BY HEALTH D		OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
L	AUC20 1072	Gidney In	horon		ns Sons Co	. 4905 York Rd.
VS	150-REV: T/196B			1.00 02 4	,	

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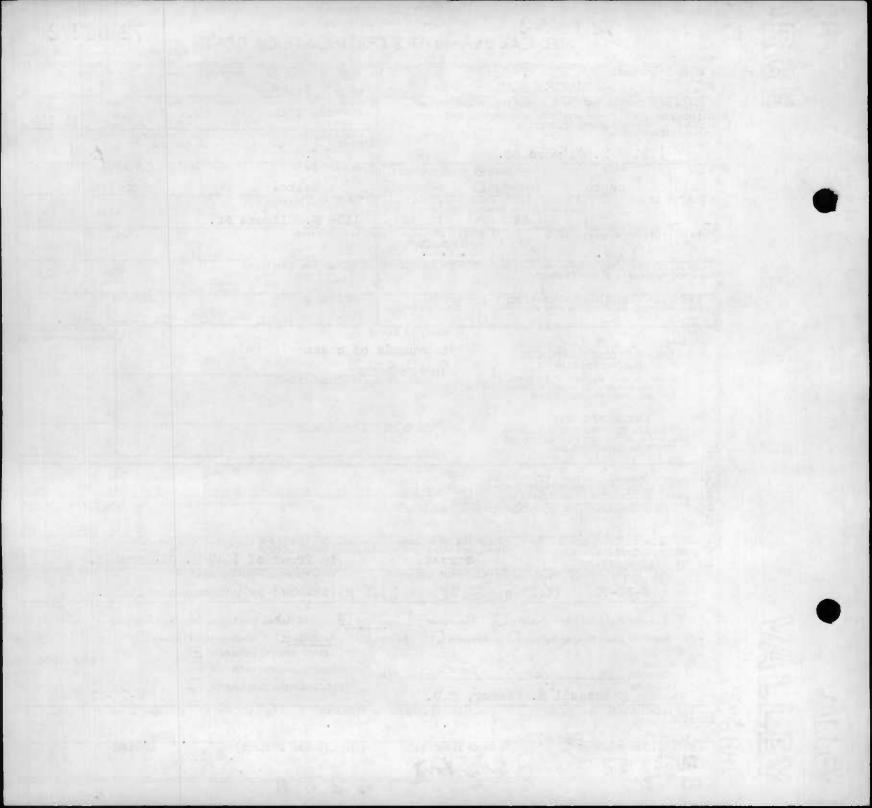
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SVEL CO. Discourse

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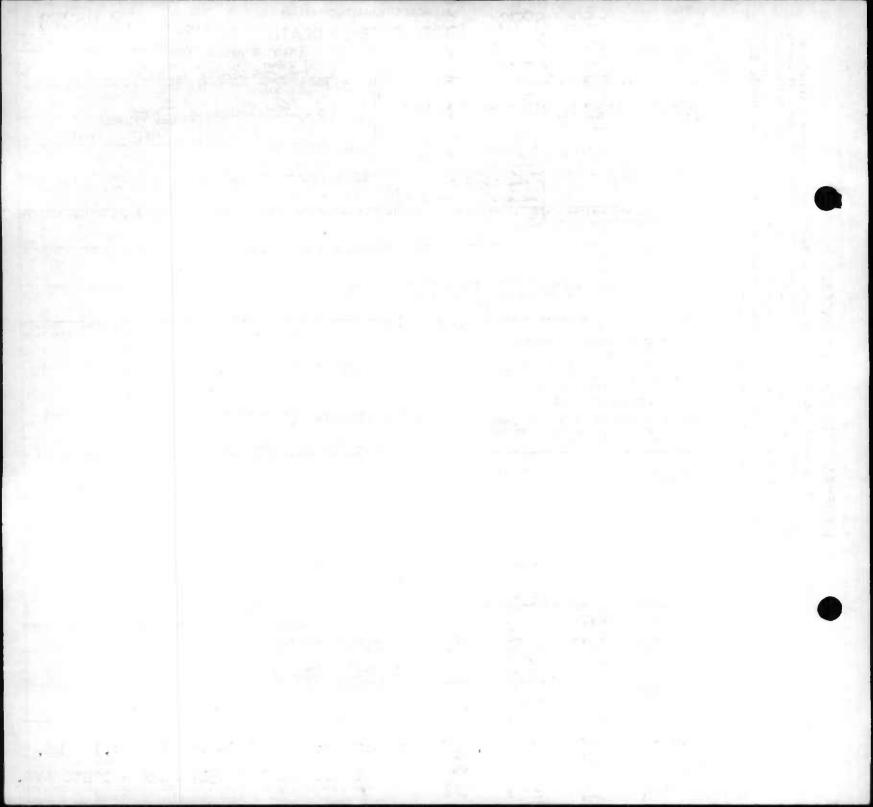
-		H(C)	(00	30	ST	ATE OF	MARYI	AN	D-DHM	H						
RIP	D-50	0 /2	MED WED	ICAL	EX.	AMIN	ER'S	CE	RTIFIC	CATE	OF	DEAT	H REG. N	72 (	1827	5
1. 1	NAME OF DEC	EASED		W.				-	DATE	Known	- Comp	Month	Doy	Yeor	Hour	
	e or Print)		CHARLES					L	OF DEATH	Estimo	ted 🗆					М
	LACE IN BAL	-	ARYLAND, W					3.	PRONOL	JNCED D	EAD	Month	Doy	Year	Hour	0.0
HO!	SPITAL INSTITUTION	ADDR	ESS OR LOCA	ION)		N, GIVESIK	EEI	-	HEHAL BI	COPENIC	F (14/1	8	27	1972		:20p M
OK.	100	138 N.	Gilmor	e St					STATE	dd.	E (Where	e deceosed II	B. COUNT		60	3
6. 5	EX	7. RACE		B. MARI	RIED X	NEVER M	ARRIED	C.	CITY OR	TOWN			D. INSIDI	CITY LIMITS?		
n	nale	negr	0	WIDOV			ORCED			Balto				YES	NO 🗆	
	ATE OF BIRT	Н	lost birthdo	years ()		er 1 Yr, If Ur			STREET A			St.				
	11-28 BIRTHPLACE	itate or forei	an country)	44	12. CF	TIZEN OF		13	FATHER'		I Imo.	LE DL.				
		Ma.			W	HAT SOUN	•									
	USUAL OCCU during most of v			14B. KINI	OFB	USINESS O	RINDUSTR	Y 15	Matt Matt		EN NA	ME				
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE		17. SOCIAL SECURI		18	. INFORM	TAAN				ADDRESS		
(161	no or unknown	(it yes, give	WOL OL GOISE	ot service	"	JECUKI	i i ivo.		Bert	ha D	ean	35	06 Vi	rginia	Ave	
	19.	11	V			CAU	SE OF DEA	ATH							PPROXIMAT	
	DISEAS	E OR CON	OMON DIREC	CTLY		Stal	wound	S	of che	est						
		LEADING T	O DEATH			(A)1	MMEDIATE	CAU	ISE							
	heart foilure	, asthenio, et	mode of dy	disease,		T	DUE TO, OR	AS /	CONSEQ	UENCE O	Fi					
	injury or cor	nplication wh	ich coused dec	ith.)												
		NTECEDENT				(B)_		4.6	. cover		0.5					
	RISE TO TH	E ABOVE CA	IONS, IF ANY	, GIVING THE	Ē		DUE TO, OR	AS	A CONSE	QUENCE (	OF:					
Z	UNDERLYII	NG CONDI	TION LAST.			(c)_								-		
Ę	OTHER CIGA	UCICA NIT CO	11	DA IZDIDI	1711.10											
CERTIFICATION	TO THE DE	ATH BUT NO	NDITIONS CO TRELATED TO GIVEN IN PA	THE TERM	MINAL											
ERT	20A. DATE O	F OPERATIO	N 208. CON	NOITION	FORV	VHICH OPE	RATION W	IAS	PERFORM	ED				21. AUT	OPSY? (Y	es ar No)
	2														yes	
EDICAL	22A. EXTER UNDERLYING	NAL CAUSE			228.Pl	LACE OF It	VJURY (e.g.	, in	da etc.)	NJURY O	CCUR?			exact location	. 11	
Œ	UTING CA	USE OF DE	ATH.			street								1more S	t. /	20-
Σ	OF INJURY		Day) (Year	1 =	W	E.INJURY C	CCURRED	T WI				JURY OCC	-117			
	(APPROX.) 8	-21-12	11:	12 b	m. W	ORK L	AT	WOR	K K	Stabb	ed b	y unkn	own as	sailant	•	
	23. I cert	tify that I I	held an 1	nquiry		Inspection	n 🗆 🛕	utop	sy 🔀	ond th	nat on t	his basis,	death in	my opinion		
	resul	ted from: I	Natural cau	ses 🗌	Ac	cident 🗌	Sulci	de	□ не	micide	8	Undetermi	ned mann	er 🗌		
				1.	1	0	,			CHIEF ME	DICAL	EXAMINER			DATE S	CAIFD
	SIGNAT		/		IN.	shen	M.	D.	ASSI	STANT MI	EDICAL	EXAMINER			DATES	IGIAED
	EXAMIN NAME (	IER'S	ssell S	. Fi	sher	, M.D.			ASSO	CIATE MI	EDICAL	EXAMINER		8-28-	72	
24. RE	A. BURIAL CRE	MATION.	24B. DATE		240	NAME of	CEMETERY				24D.	LOCATION	(City,	town, or count	()	State)
	Burial		901 *	72				**	J.1.2			Bal	to. N	d		
25.	A. DATE REC'D	BY HEALTH	DEPT/7.	25B. I	NAME (	OF REGISTI	RAR		25 C. 1	FUNERAL	DIRECT	OR Ba	ilev	ADDRESS		
	AUGZ9	1972	Total	rey!	with	with	A .		Ke	lson	F.	ri. 1	010	al our	Str	eet
VS	151-REV. 3/1/6	B //		1	- 6.	48 10	7 11	-		()			7.57	- V (1)	-	000



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

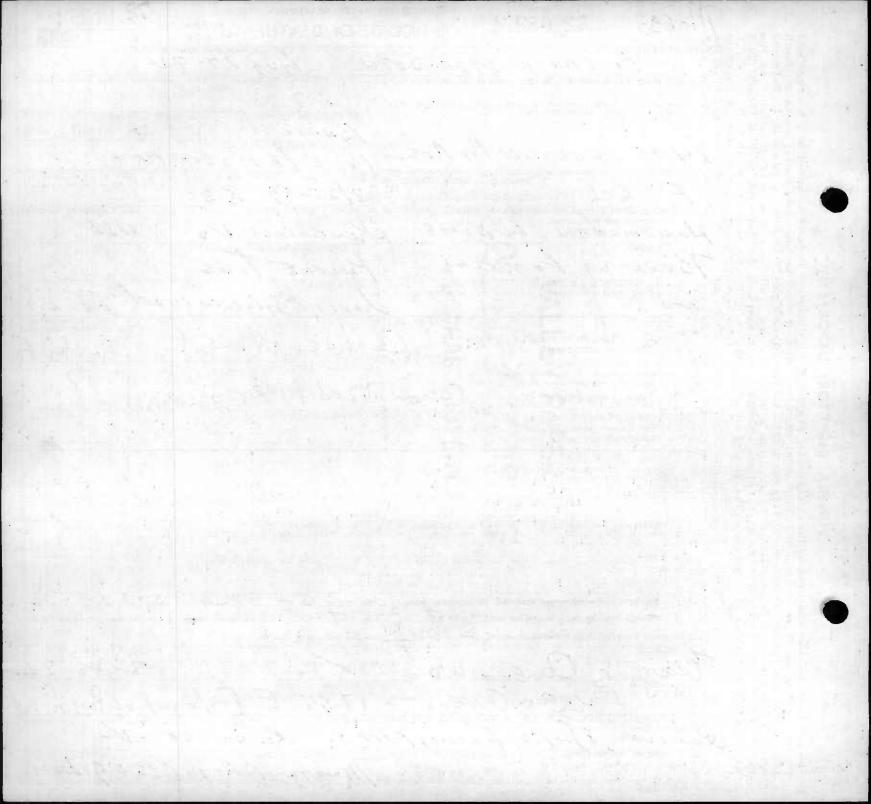
0	79 0	10040	BALTIMORE CITY	HEALTH DEPARTMENT		מרפפת פניי
5-620 BIRTH NO. 12-	- 1 . m	18273	CERTIFICA	TE OF DEATH	REG. NO.	539149513
1. NAME OF DEC		ERIC		2. DATE	AND HOUR OF DEATH	FE OF MARYLAND-DHMH
3. PLACE IN BAI	TIMORE MARYLAND,	WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived, If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUT	ION, GIVE STREET	10 40	2 Knownt A	DE CITY LIMITS?
11 7 11	" Hospital	10.0			el times.	YES NO
Belveder	Ave at 9.	Weln Bp	ring 21215	E. STREET AND NUMBER	Activity and an in the	AVE
5. SEX Mal	Black	WIDOWED	NEVER MARRIED DIVORCED	7-21-72	9. AGE (in years de lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
done during most of	UPATION (Give kind of wor working life, even if refired)	108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLA CE (Slote of f		12. CITIZEN OF WHAT COUNTRY?
-		·-	AND THE RESERVE OF THE PERSON	Dallinas		to America
13. FATHER'S NA Frank	N. Gearge			Ha Lel	HISma	n
15. Wos Deceased (Yes, no or unknown	Ever in U. S. Armed Fo	rces? es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT Fram The	chart as	ADDRESS
18.	0.21/		CAUSE OF DEATH	1		A ARREOVIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY		Cardial	grist social	MANY SETWEEN ONSET AND DEATH
(This does	LEADING TO DEATH not mean the mode of	dylng, e.g.,	(A) IMMEDIATE CAU		Market State	
heart failure,	asthenia, etc. It means	the disease,	DUE IO, OR AS A	CONSEQUENCE OF:	y'L imbala	no
	ANTECEDENT CAUSES	3	403	mtabelet	acidisas	
DISEASES C	OR CONDITIONS, IF	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	balance	
	e above cause (A) 3 CONDITION last.	staling the	(c) Sein	gastine ente	Elis , dele	ydra tr
	11		(	J	- 1	
	CANT CONDITIONS CO					
U ISA DATE OF	ONDITION GIVEN IN PAI	RT 1 (A).	ICH OPERATION	20A. AUTOPSYI (Yes or	No. 208 IF YES, WERE I	INDINGS CONSIDERED
114/2 -	WAS PER		1 - 7/-	NO VO	IN CERTIFYING CAL	USES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF	218, PE home, etc.)	ACE OF INJURY (e.g., In	or about 21 C. WHERE DID	(if In Baltimore	e City, give exact location)
21D. TIME	(Month) (Day) (Yeot)		JURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX.)		While Work	At Work			
22. I certify	that (1) (this hospita				_19 <u>72ta/·/</u> /	am 8-26-1972
that (i) (we)	last saw the decease	ed alive on	11 - 45 PM	19.78 and	that in (my) (out) opin	nian death occurred on the date
		ted abave. (4) (	We) (did) (did not) vi	ew the body after death	10	
23A. SIGNATU	IRE 1 - M	1/6/				23R DATE SIGNED
22C BUYELCI	A 1814	anchy	2 R DEGREE Phys.		Staff Phys.	8-26-72
23C. PHYSICIA NAME (T	ypel A	116		3D. ADDRESS	rital of Bal	Thorere
24A. BURIAL CRE		HAHIT	DE 1-1 DEGREE	/	- (/	
REMOVAL (	Specify)				,,,,	y, town, or county) (5tote)
Buria]	8/29/	25B. NAME OF	Calvary (	25C. FUNERAL DIRECTO	Baltimere	(AA Co.) Md.
AUGZ9	1912 Droy	sey mine	THEY O			ARK HEIGHTS AVE.
VS 150-REV. 1/1/	68	4		4 0 7	7-1 -	



## FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

M-622 72 08274 BALTIMORE CITY HEALTH DEPARTMENT 72 08274	
CERTIFICATE OF DEATH REG. NO.	TT TT
STATE OF MARYLAND-DEM	(41)
(Type or Print) VICTORIA MERIDETH HUGZ7-72	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, if institution: residence before adm  A. STATE  B. COUNTY	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?	
BALTIMON YEST NO	
1405 PATTERSON PIN AUE ESTREET AND NUMBER 1405 PATTERSON PRAUE	
S. SEX  6. RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdox Months Days Hours A  WIDOWED DIVORCED 3/25- 59	4 Hrs. Ain.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)	JNTRY?
Hongemaner Da Hons Kennerson Da Hons Kennerson Up USD	
13. FATHER'S NAME	
Boverry Lowice 55 PHOORE TOOD	
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	10
Nous Fagleston 1405 P.R. A	ar
18. 14 1 APPROXIMATE INTEL	
DISEASE OR CONDITION DIRECTLY	(
LEADING TO DEATH  (This does not mean the made of dying, e.g.,  DUE TO, OR AS A CONSEQUENCE OF:	7
heart failure, osthenio, etc. Il means the disease,	
ANTECEDENT CAUSES Generalized Avterrossieros	
DISEASES OR CONDITIONS, if ony, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:	
rise to the above cause (A) stoling the	
UNDERLYING CONDITION lost. (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   TO THE DEATH BUT NOT RELATED TO THE TERMINAL   DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  218. PLACE OF INJURY (e.g., in or about home, form, factory, street, office bldg., office bldg., etc.)  (If in Boltimore City, give exact location) home, form, factory, street, office bldg., etc.)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Work At Work	
22. I certify that (I) (this haspital) attended the deceased from 6-26-1972 to 8-27-197	72.
that (1) (we) last saw the deceased alive an August 24 1972 and that In(my) (our) apinion death accurred on the	
and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.	
234. SIGNATURE 23B. DATE SIGNED	
1 Clusone Chara M. Doscoss Phys. Briedor Director Phys. Director Phys. D	12
23C. PHYSICIAN'S NAME (Type) = 23D. ADDRESS	la l
DEGREE 1/35 L. FEYEVAI ST Balto,	140
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (S)  REMOVAL (Specify) 8 128/12 Fragily Plot	iote)
2SA. DATE REC'D BY HEALTH DEPT 2SB. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAN 25C. FUNERAL DIRECTOR ADDRESS ALIG2 9 1972 Supplies Address 25 D. G.: 1/10.	w

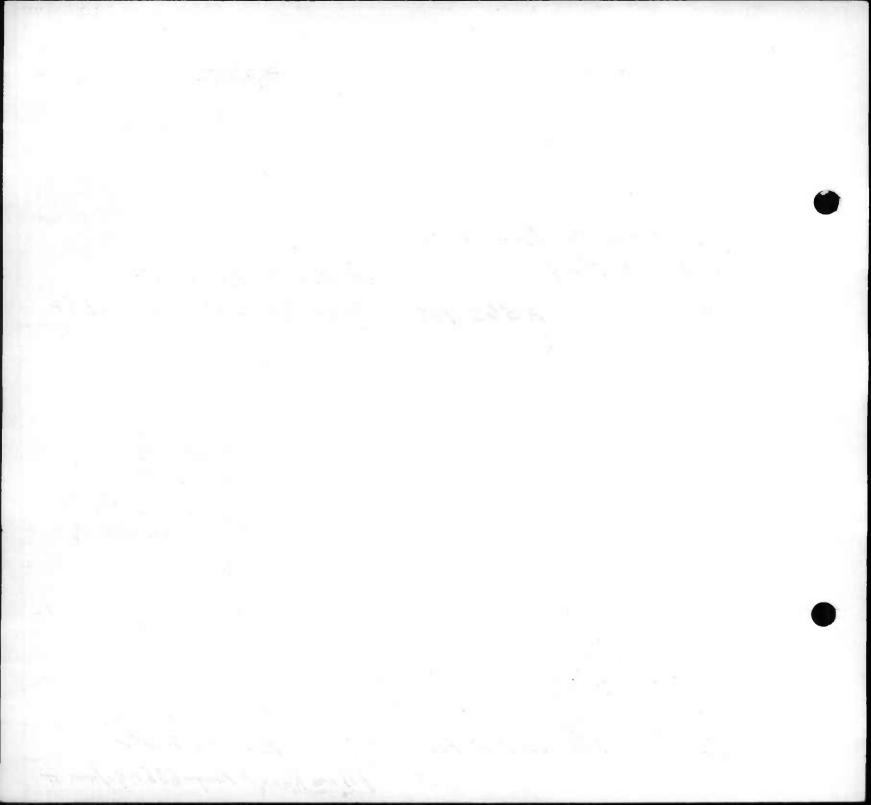


ath sed the uch	
papproved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased at (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the be obtained before the remains are embalmed or final disposition is made.	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
bod bod bod bws:	-
444393	I

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH TATE OF MARYLAND-DHMF I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (White deceased lived, II institution: residence belore admission)
A. STATE

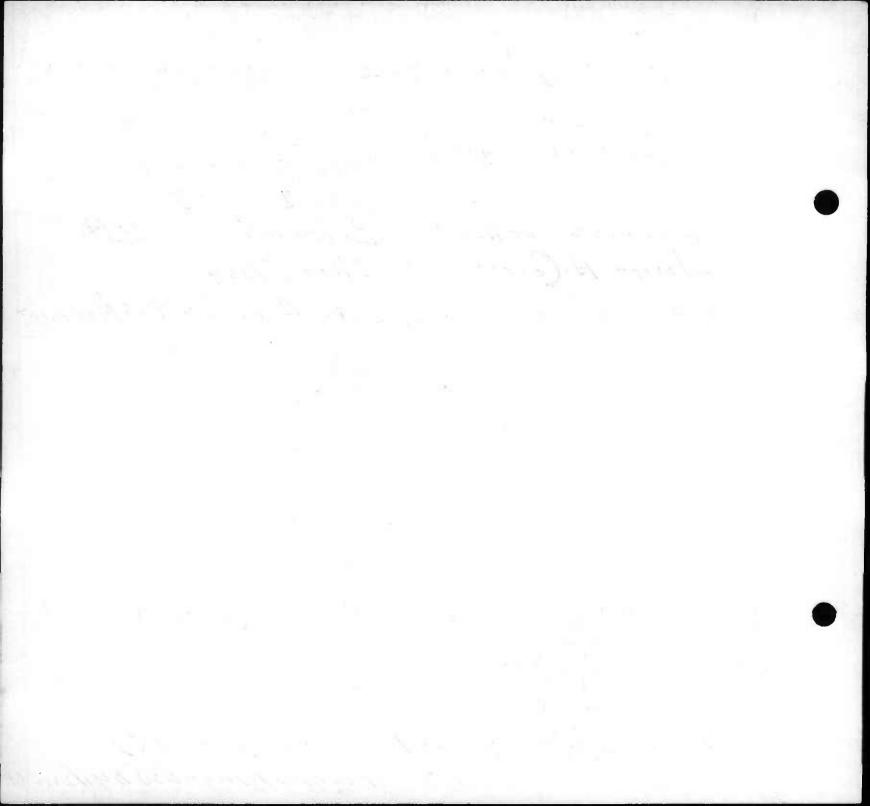
R. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? UNIVERSITY OF MD. HOSPITAL SALTIMORE YES 🔀 NO E. STREET AND NUMBER 536 N. MOUNT 5. SEX DATE OF BIRTH MARRIED NEVER MARRIED lost birthdoy 80 9. AGE (In years If Under 1 Yr., Il Under 24 Hrs. MALE WIDOWED DIVORCED 2 IOA USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? king tife, even if retired) USA 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT SECURITY NO. 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, ostheria, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TRACT INFECTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH Inotify medical examined etc.) 21 D. TIME (Month! (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from AUGUST 19 72 10 AUGUST 19 26 that (1) (we) last saw the deceased alive an... AU GUST and that in (my) (aur) apinian deoth accurred on the dofe and have and from the causes stated obove. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Phys. Director DEGREE 23C. PHYSICIAN S NAME Pype 23D. ADDRESS WOLFE LOTZEK DEGREE 6 24A. BURIAL CREMATION, 24B. DAL county) (Stote) BY HEALTH DEPT, 250. FUNERAL DIRECTOR

VS 150-REV. 1/1/68

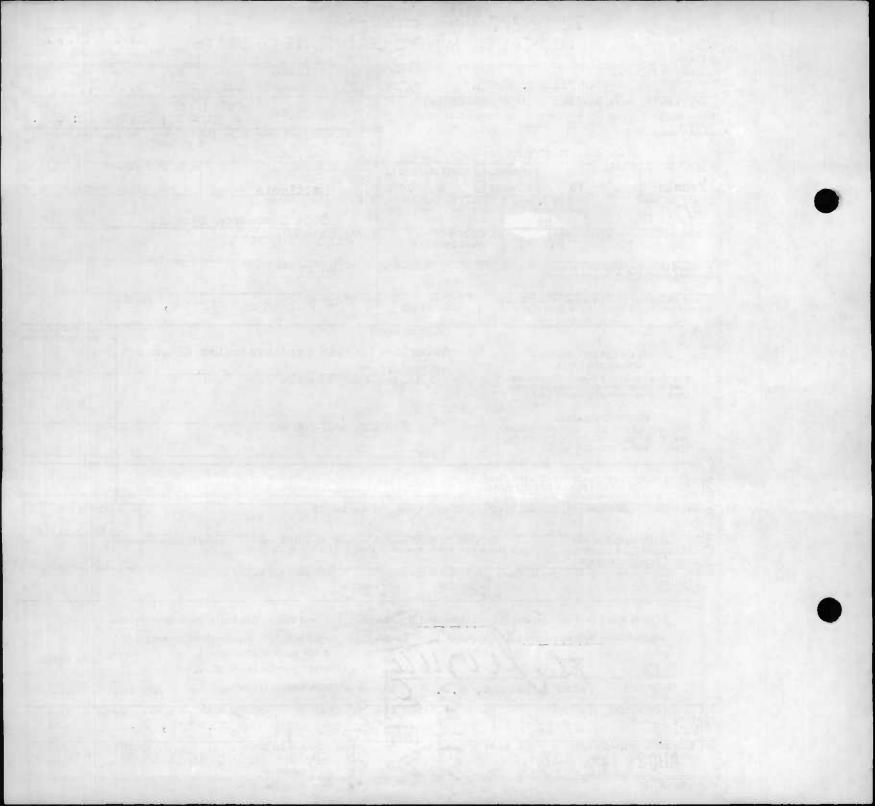


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

H-252 50		TY HEALTH DEPARTMENT	72 08276							
I DIKITI IVO.	18276 CERTIFIC	ATE OF DEATH REG. N								
(Type or Print)	11-1-2 R.	2. DATE AND HOUT OF D	E OF MARYLAND DHUH							
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where Bacaased liver	d. If institution: residence before admission							
FULL NAME OF (IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY	1538							
HOSPITAL OR ADDRESS OR LOC	ATION	O CITY OF POWE	. INSIDE CITY LIMITS?							
6 Luthera	en \$100p"	TE. STREET AND NUMBER	YES NO							
7	/~ ·	3446-PREDMONT	AVE							
5. SEX 0 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.							
10A. USUAL OCCUPATION (Give kind of world	WIDOWED DIVORCED	RY 11. BIRTHPLACE (State or (areign country)	22 CITYEN OF WHAT COUNTY							
done during most of working life, even it retired)	AT HOME	BOUTO MD	12. CITIZEN OF WHAT COUNTRY?							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
Joseph 17.	COFOR	Clara & Noy								
15. Was Deceased Ever in U. S. Armad For (Yes, no or unknown) (If yas, give war or date	s of sorvice) 16. SOCIAL SECURITY NO.	FODIE GUNTHEN	23446 food mont							
18.	CAUSE OF DEA		APPROXIMATE INTERVAL							
DISEASE OR CONDITION DI	ECTLY	2 2	BETWEEN ONSET AND DEATH							
LEADING TO DEATH (This does not mean the mode of	dying, e.g., (A) IMMEDIATE C		(otism)							
heort failute, asthenio, etc. It means injury at camplication which caused	the disease.	S A CONSEQUENCE OF:								
ANTECEDENT CAUSES		bro vagadar Accid	lert.							
DISEASES OR CONDITIONS, II	any, giving DUE TO, OR	S A CONSEQUENCE OF:								
inse to the above cause (A) UNDERLYING CONDITION last.	stating the	as cleratic Heart Die	seese.							
OTHER SIGNIFICANT CONDITIONS COL	IE TERMINAL									
DISEASE OR CONDITION GIVEN IN PARTIES 194 DATE OF OPERATION 198 CON	TI (A).	[20A. AUTOPSY? (Yes or No.)] 20B. IF YES. W	VERE FINDINGS CONSIDERED							
WAS PERF	ORMED		CAUSES OF DEATH?							
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g. home, farm, fociary, street, etc.)	In ar about 21 C. WHERE DID (If In Ba office bldg., INJURY OCCUR?	Itimare City, give exact location)							
OF INJURY	(Haun 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?								
(AFFRO)()	While At Wark At Wark		26 ( - 2							
	22. I certify that (I) (this hospital) attended the deceased fram.									
that (i) (we) last saw the decease		19and that In(my) (aur)	apinian death accurred an the date							
and haur and from the causes state	ed abave. (1) (We) (did) (did nat)	view the bady after death.								
( an	23A. SIGNATURE 23B. DATE SIGNED									
23C. PHYSICIAN'S NAME (Type)	DEGREE Ph	lending Med. Staff Phys. 123D. ADDRESS	8 2911							
NAME (Type) E - 5	ANDOU-M-D	OPPRESS								
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION	(City, tawn, ar county) [State)							
Bemovat (Specify) & BI/	2 BALTOR	ATIONAL BALT	4							
25A. DATE REC'D BY HEALTH DATE	25B NAME OF BEOISTEAR	25C. FUNERAL DIRECTOR	ADDRESS							
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VS 150-REV. 1/1/68										

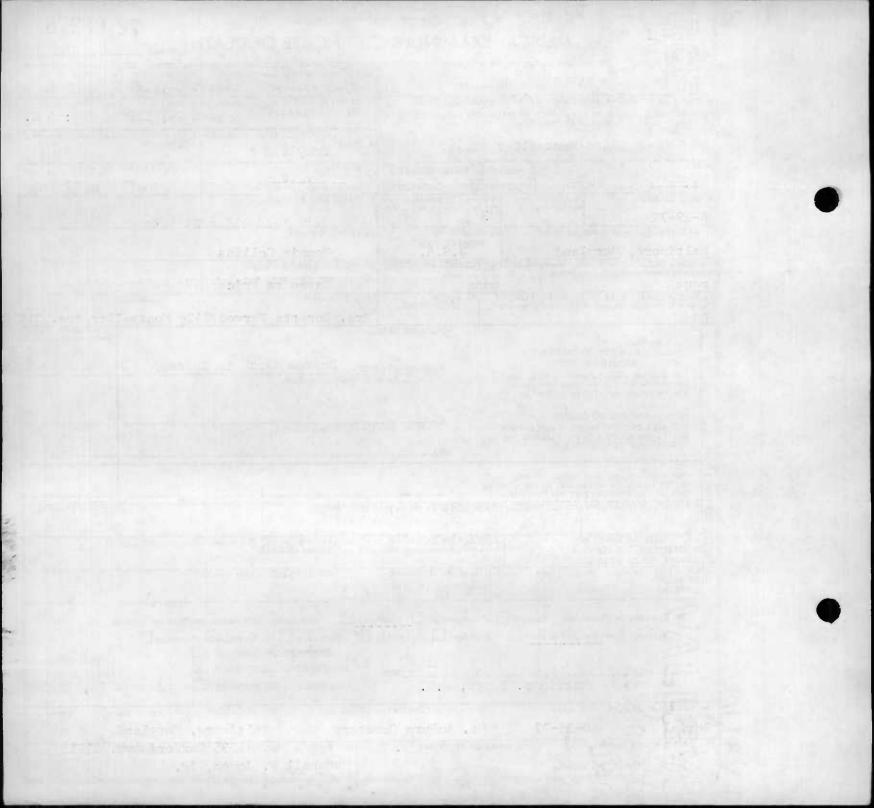


NAME OF PITAL ISTITUTION	(IF NO	T IN HOSPITA	TION)	ITUTION, GIVE STREET		DECIDENCE AND	Augus	t 26, 19		8:05 A. M.
25 15	3426 E	dmonds	n A 374	20110	A. STATE	Marylan		B. COUNTY	esidence	1/1
	7. RACE			IED NEVER MARRIED	C. CITY C	RIOWN	u.	D. INSIDE CIT	Y LIMITS	?
emale	Ne	gro	WIDOW			Doltimo:	<b></b>	VEC		NO 🗆
ATE OF BIRTH		10.AGE (L		If Under 1 Yr. II Under 24 Hrs. Months, Days Hours Min.	E. STREET	Baltimo AND NUMBE	mondson A			NO L
	ern or	lore,	Md	12. CITIZEN OF WHAT COUNTRY?		R's NAME ug	ustus			
SUAL OCCUP	ATION (Giv	e kind of work en if rettred)	148. KIND	OF BUSINESS OR INDUSTRY						
AS DECEASE	D EVER IN (If yes, give	U.S. ARMEI war or dates	FORCES of service	7 17. SOCIAL SECURITY NO.	18. INFO	r Marga	ret Mar	cus, M	RHE	
	EADING TO	made of dy	ing, e.g.,	CAUSE OF DEA Arterioso (A)IMMEDIATE C DUE TO, OR A	lerot	ic cardi	ovascular	disease	BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
AN DISEASES O RISE TO THE UNDERLYIN	TECEDENT OR CONDITI ABOVE CA IG CONDIT	ONS, IF ANY	, GIVING TING THE	(B) DUE TO, OR	AS A CON	SEQUENCE OF:				
OTHER SIGNI TO THE DEA DISEASE OR	TH BUT NO	RELATED TO	THE TERM	INAL						
				FOR WHICH OPERATION W	AS PERFO	RMED			21. AUT	OPSY? (Yes or No)
ZA. EXTERNUNDERLYING		TRIB-		22B. PLACE OF INJURY (e.g., home, farm, factory, street, office	in or obou	22C. WHERE INJURY OCCU	OID (il in Balitmori IR?	e City, give exac	location	)
		Day) (Yea	r) (Hou	WHILE AT NOT	WHILE	22F. HOW DIE	INJURY OCCU	IR?		
	IRE	Xa	, K	Inspection Au Accident Suicid  Wic, M.D.	. AS	Homicide 🗌	CAL EXAMINER	ned manner	j	DATE SIGNED 27, 1972
BURIAL CREM OVAL (Specification)	AATION,	8/31	/72	24C. NAME of CEMETERY Mt Auburn		3 //	Baltin	(City, town, nore, M		(Stote)
AUG2	BY HEALTH	DEPT.	258. N	AME OF REGISTRAR	250 A (	FUNERAL DIR	Halstea	ad 1206	DRESS W	orth Ave
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VS 151-REV. 1/1/68

Marshall W. Jones, Jr.



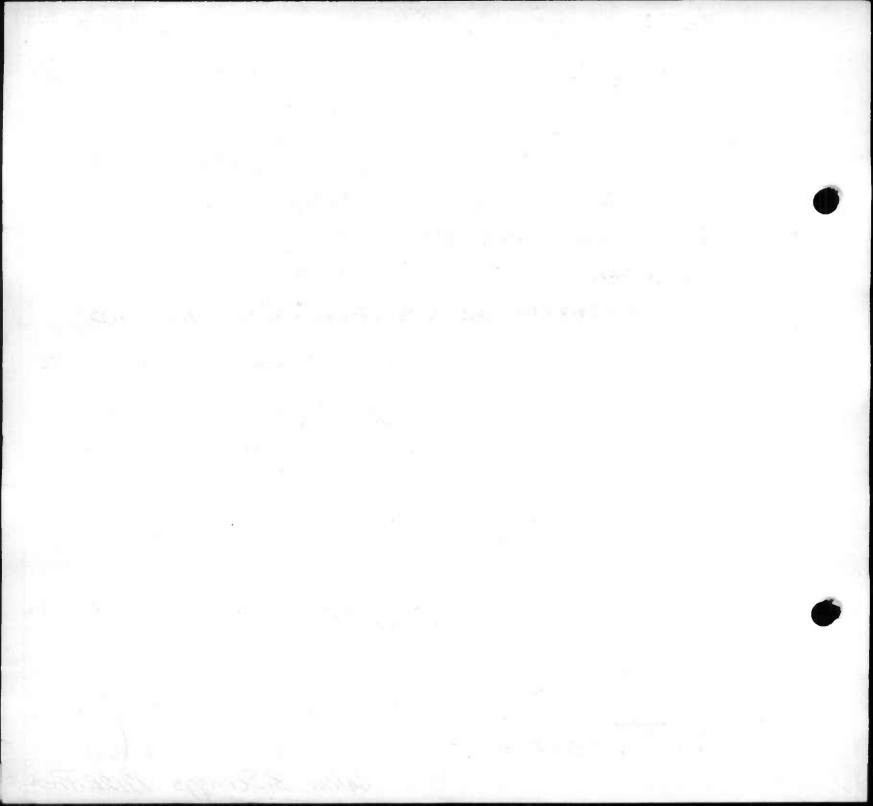
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	1-500	2			STATE OF MAR BALTIMORE CITY HE				7			
PUDT	Con		MED	ICAL E	XAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	72	085.	79
1. N	AME OF DEC	ROLA	ND A.	JONES		2. DATE OF DEATH	Known   Estimoted	Month	Doy	Yeor	Hour	
					NOUNCED DEAD	3. DATE	UNICED DEAD	Month	Doy	Yeor		
HOSE	NAME OF PITAL ISTITUTION	(IF NO	SS OR LOCA	IL OR INSTITU TION)	TION, GIVE STREET				21, 197		110:	
	38 v	NIVERS	ITY HO			A. STATE	D.C.	e deceosed li	B. COUNTY		1 1	fission)
6. SE	x ale	7. RACE Negr	0		NEVER MARRIED	C. CITY OR			D. INSIDE CI		?	
	ATE OF BIRT		10. AGE (In	WIDOWED	Under 1 Yr. If Under 24 Hrs.		Ington		YE	ES X	ио 🗆	
	5/03/19		lost birthdo		inths Doys Hours Min.		tlantic S	Street	S.E.			
	IRTHPLACE (S		n country)	12.	CITIZEN OF	13. FATHER		Jerce,				
	Maryla	and			WHAT COUNTRY?		Norn	nan Jo	MAG			
14A.L	SUAL OCCU	PATION (Give	e kind of work	148. KIND O	F BUSINESS OR INDUSTR	15. MOTHE			MAD			
	Labe	r					Mary Hol	lland				
	AS DECEASI				17. SOCIAL SECURITY NO.	18. INFOR				DDRESS		
119	no				214-42-1188		man Jone	es Ch	esapea		each,	Md
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		E OR COND LEADING TO		CTLY	Shotgur		or reg					
	heart failure,	ot meon the , osthenio, etc aplication which	. It meons the	diseose,	(A)IMMEDIATE O	AS A CONSEG	UENCE OF:					
	DISEASES O	NTECEDENT OR CONDITION BE ABOVE CAP NG CONDITION	ONS, IF ANY	, GIVING		AS A CONSE	QUENCE OF:					
NO-					(C)	*************						
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERMINA		**						
CERT	OA. DATE OF	OPERATION	20B. CON	NDITION FO	R WHICH OPERATION W	AS PERFORA	NED			21. AU1	opsy? (Ye	s or No)
일	ZA. EXTERI JNDERLYING JTING CA		TRIB-	22B hon	PLACE OF INJURY (e.g., ne, form, factory, street, office House	in or obout e bldg., etc.)	Pac. WHERE DID NJURY OCCUR? Beach, Ca	(If in Boltimo	re City, give exo	ge Ro	) l.Ches	apeal
	2D. TIME (		oy) (Year	) (Hour)	22F INJURY OCCURRED	12	2F. HOW DID IN	JURY OCC	UR?	m		Jin O
(	APPROX.) 8-	-21-72	5:	18 P.m.	WHILE AT NOT WORK AT W	WHILE K	Shot dur	ing al	tercatio	n	~	1
2	3.	ify that 1 h	eld on l	nauiev 🗆	Inspection Au	topsyxX	and that an i	hie haeie	deoth in my	oninion		
		ed from: N			Accident Suicide		omicide 🔀		ned monner			
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	ACTUAL	IDE // 6	11	1116	11	_	STANT MEDICAL				DATE SI	GNED
	EXAMIN		onald	N Kor	nblum, M.D.	ASSC	CIATE MEDICAL	EXAMINER		8	3/22/7	2
241	NAME (T	ype)	48. DATE		24C. NAME of CEMETERY	or CDEMATO	DDV 1240	LOCATION	1 (62)		hu) (	State
REM	OVAL (Specif	fy)						LOCATION				Stote)
254	DATE REC'D	RV HEALTH	8/25/		St. Edmonds			COP.		DDRESS	Co.,	Md.
AL	JG29 19		Diebre	1 1/1 3 1.	LE OF JEGISTRAR	P	Janes Fo		10 Pm		46	No

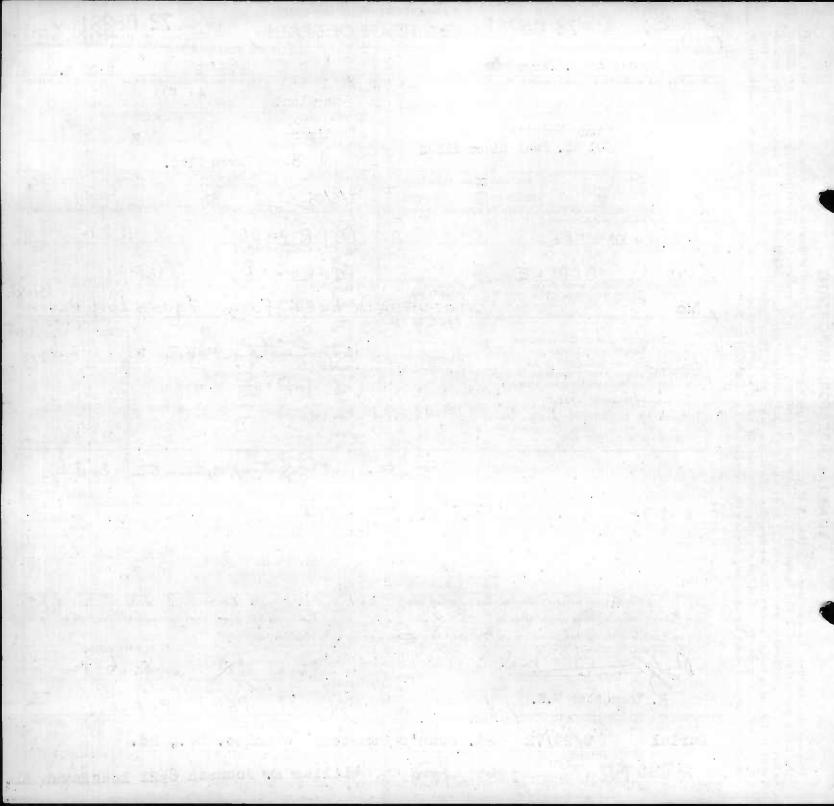
Pinteney & Sewell Pr. Fred, and.

11) Setroit straits the TOTAL CAREER Dillant Co. Filed

D-620	1011	BALTIMORE CI	TY HEALTH DEPARTMENT		-272,0828
BIRTH NO.	16	CERTIFIC	ATE OF DEATH	REG. NO.	79740828
1. NAME OF DECE				D HOUR OF DEATH	MARYLAND DHMH
LIERS	EY, LAU	HERE PRONOUNCED DEAD	8/2	9/72	6 3
			4. USUAL RESIDENCE (When	e deceased lived. If ins TY	titution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	MARYAND		0.50
BOLTON	HILL NO	PEING HOME	BALTIMOR		YES NO NO
1400 10	Hw St.	BALTO. M D.	E. STREET AND NUMBER	The second	
	. RACE 10			DEKAL S	TREET.
E	R	* MARRIED NEVER MARRIED	8. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. 11 Under 24 H Months Doys Hours Min.
IOA. USUAL OCCUP	ATION (Give kind of work	WIDOWED DIVORCED	RY 11. BIRTHPLACE (State or loreign	74	12 CITYEN OF WILLT COUNTY
done during most of we	orking life, even if retired	UNKNOWN	UNICIVOU		12. CITIZEN OF WHAT COUNT
13. FATHER'S NAM			14. MOTHER'S MAIDEN NAM		0417
UNKN	OWN		UNKNOW	N	
5. Wos Deceased E	ver in U. S. Armed Fore		17. INFORMANT		ADDRESS
	UNEWDU		ADMISSIC	AL DE	CORD
18. 4/	101	CAUSE OF DEA	TH	A F. C	APPROXIMATE INTERVA
DISEASE	OR CONDITION DIR	ECTLY			BETWEEN ONSET AND DEA
(This does not	EADING TO DEATH	dving eg (A) IMMEDIATE CA		nos chenlose	a newtt
heerl failure, or	sthenia, otc. It means ication which caused	the disease	S A CONSEQUENCE OF:		
	NTECEDENT CAUSES	11	t :	Call	
DISEASES OR	CONDITIONS, II	ny, giving (8)	CONSEQUENCE OF:	UV dua	e yeus
UNDERLYING	obove couse (AI CONDITION last	stoling the	trulius al	ealer &	MUL
_	11	(-7	Semlo 10-	0.75	
E ITO THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO TH	F TERMINA!	a over		years
DISEASE OR COL	NDITION GIVEN IN PART	1 (A).	20A. AUTOPSY? (Yes or No.)	200 Is was business	
1 8/2-	WAS PERF	DEMED - AL D	tu	IN CERTIFYING CAUS	ES OF DEATH?
	WAS UNDERLYING	215 PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Bolilmore	City, give exoct location)
DEATH (notify m	odicol exominer)	elcal	omeo orași, indokt occoki		
OF INJURY	Months (Doyl (Yearl	(Hour 21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROXI		While At Not Wh	ile 🔲 📗		1
		ottended the deceased from	8/2-1 19	72-10	8/29 19 7
	st sow the deceased		7 19 7 2 ond that	In(my) (our) opini	on death occurred an the do
ond hour ond f	rom the couses state	d obove. (I) (We) (did) (Mid not)	view the body after death.		
- STORAL DEE	TI 2M	AH	ending Med. K. S	hoff [	3R DATE SIGNED
23C. PHYSICIAN NAME (Type	5	DEGREE Ph		hys.	8/29/2
NAME (Type	. 41/ -	L MAD HOT MY		STA	and -
1A. SUBIAL BROWN	VIION; 24B, DATE	24C. NAME of CEMETERY OF CR	LEMATORY 24D. LOS	ANON IC	X 1/22
PO WAL ISPO	cifyl P-21-)	2 11 4	2-10. 101	(City,	town, or county! (Stote)
5A. DATE REC'D BY		SE NAME OF REGISTRAS	25C. FUNERAL DIRECTOR	tings on y	he Hudsen
AUG30 19	72 Bridge	MANUATON O	Belowin R.	Druese.	14/15 Frank
	-		10110: 1130	177	111061710



	7	100		ORE CITY HEALTH I	DEPARIMENT		70 00004:	
7	-620	72 (	08281 CERT	IFICATE OF	DEATH		72 08281	Dingr
. N	H NO. AME OF DECEASED				2. DATE A	NO HOUR OF DEAT	F OF MARYLAND-	DHMH
Тур	or Print Jeann	ette C. Fa	rgo			8/26/72	2.00 7	
			HERE PRONOUNCED DEAD			ere deceased lived. II	institution; residence before	odmissio
				A. STATE	aryland	RAL	10	21
10	L NAME OF (I	DDRESS OR LOCA	AL OR INSTITUTION, GIVE S	TREET C. CITY O	0	ID IN	ISIDE CITY LIMITS?	
N S	TITUTION	Mercy Hos	pital		timore	D. 11	YES NO	1
	27		aul Place 2120	E. STREET	AND NUMBER			
	1				8405 <b>8</b> Loch	Raven Blvc	d.	
S. S	EX 6. RAC	CE	7. MARRIED X NEVER MA			9. AGE (In years lost birthdoy)		der 24 I
	न	W	WIDOWED DIVO	RCED 1/6	/05	67	Monnis Boys Hadis	
			108. KIND OF BUSINESS OR				12. CITIZEN OF WHAT	COUN
done	during most ol working			m	A.D.,,,0	110	USA	
13. [	ATHER'S NAME	MA-KER.		14. MOTH	AR 44 ER'S MAIDEN NA	ME	1 4 3 7	
	11100				- 0 1 0 0		115	
10 1	WIN (	CLAR	es? 1 6. SOCIAL	m	ARGAR	ET (	ADDRESS	0.
Yes	Vos Deceased Ever in no or unknown) 11 ye	s, give wor or doter	of service) SECURITY	NO.				BI
	No	0	219-07-	2185A Ur. L	eek. F	argo 84	05B Lock Ro	ave
	18.	7.1	CAUSE	OF DEATH			APPROXIMATE BETWEEN ONSET	AND DE
		CONDITION DIR	ECTLY	0-	+	- 0 /1	1 1 2	Λ
	(This does not me		dving e.g. (A) IMM	TO, OR AS A CONSEQU	croper	oney den	only 1-2	de
	hearl failure, asther	nia, etc. It means	lhe disease,	IO, OK AS A CONSEQU	JENCE OF:			{
	injury or camplicati		dedin.1					
		CEDENT CAUSES	(B)	TO, OR AS A CONSEQ				
	DISEASES OR CO			TO, OR AS A CONSEQ	UENCE OF:			
	UNDERLYING CO		(c)					
_		II	~		A	-		
O	OTHER SIGNIFICANT TO THE DEATH BUT		NTRIBUTING TE TERMINAL	tates por	of Coled	my, Splen	eiting 2 de	Exps
	DISEASE OR CONDIT	ION GIVEN IN PART	1 (A).				- 11	/
RTIFI	8-23-72	WAS PERF	ORMED Common Du		V 0	IN CERTIFYING	E FINDINGS CONSIDERED AUSES OF DEATH?	
8	21 A. ACCIDENT WA	S UNDERLYING	21B PLACE OF IN	JURY (e.g., in or obout 2	1C. WHERE DID	(If In Boltim	nore City, give exact location	)
	OR CONTRIBUTING DEATH (notify medic	CALLER OF	home, form, foctor	, street, alfice bldg., II	NJURY OCCUR?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
1 O I		th) (Doy) (Year)		LIBBED	IF. HOW DID IN	UIRY OCCUM		
ME	OF INJURY	10 to 0y/ (160f)	While At	Not While	HOW DID IN	JOKI OCCUR:		
	(A PPROX.)		Work	AT WORK				
			ottended the deceased			19 22 ta		19_?
	that (D(we) lost	sow the decease	d olive on 8.2	6 19	22 ond th	hat in (🕳) (aur) a	plnion death accurred a	in the
	and hour and fram	the causes stat	ed abave. 🚳 (We) (did) (					
	23A. SIGNATURE		10				23B. DATE SIGNED	
	Olylan	ente	mul	Attending Phys.	Med. Director	Shaff' Phys.	8-26-72	_
	23C. PHYMCIAN'S			23D. ADDRI				
	R. Lan	caster M.	1.	30	1 ST.	PAUL	PINCE	
24A			24C. NAME of CEME	DEGREE	24D. I	LOCATION	City, town, or caunty)	(Stot
	BURIAL CREMATIC	9/00/			D	-3+- 0-	37.3	(0101
	Burial	8/29/		n's Cemete		alto. Co.		
25A	ALICA O 10	179	258. NAME OF REGISTRAR		JNERAL DIRECTO		ADDRESS	
	HUGOU IS	HE NEW	WE THE THE THE	V O MIT	Llam E	Johnson	8521 Loch Ray	7en
5	50-REV, 1/1/6B			, ,				



	2 , 22			BALTIMORE CITY	HEALTH DEPARTMENT		P10 00000
	3-623 TH NO.	72 08	585	CERTIFICA	TE OF DEATH	51.	ATE OF MARYLAND DHAM
	AME OF DECI	JAMES	W.	BRITTON	8/	26/72	15 23 Am.
3.	PLACE IN BALT	IMORE, MARYLAND, V	VHERE FRONO	UNCED DEAD	A. STATE B. CO	UNTY	institution: residence before admission!
HC	LL NAME OF	(IF NOT IN HOSPITADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	Maryla c.cmy or town		ltimore
INS	MOUNTE				Baltimore	D. IN:	SIDE CITY LIMITS?
1.4	33				E. STREET AND NUMBER		TES NOET
	O TI	ne Johns H	opkins	Hospital	633 Murdoc	k Road	
5. 5		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday) 72	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
land,	Male	Cauc.	WIDOWED	DIVORCED	9/27/99	12	
			10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?
		rorking life, even if refired) sent Seller	Sall	Employed	Maryland		USA
	FATHER'S NAA		Jeck	Julyco yea.	14 MOTHER'S MAIDEN N	EAME	USA
		Britton			Sara Hoffm		
						ai.	
15. (Yes	was Deceased Line of unknown)	Ever in U. S. Anned Fo (If yes, give war or da)	rces? es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	No	None		217-54-8803	Family record	ls	
_	18. 44 15	- L.L.		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	OR CONDITION D	RECTLY				BETWEEN ONSET AND DEATH
		LEADING TO DEATH		CANIMAEDIATE CAL	ISE CARDIAC	ARREST	- 12 w
	This does no	of mean the mode of	dying, e.g.,	DUE TO OR AS	A CONSEQUENCE OF:		
	Injury or com	osthenia, etc. It means	i death.)				
		NTECEDENT CAUSE		/ HADA	LA ARCTON	CT 1120 111	111. 8 WI
				(B) CIPRON	A CONSEQUENCE OF:	C1 10E 14	0 701
		R CONDITIONS, If above cause (A)		10,0823	CONSEQUENCE OF	013	SCASCY -0
		CONDITION last		(c) /+-	SCUD		1090
		11					
NO	OTHER SIGNIF	CANTCONDITIONS CO	NTRIBUTING	ATRIAL	FIB 5 2	11 31/ B	ext 1 wk
ATI	DISEASE OR CO	I BUT NOT RELATED TO TO THE PAINT OF THE PAI	RT 1 (A).	**************************************	F10 0 1	,	
CERTIFICATIO	19A. DATE OF	OFERATION 198 CON	IDITION FOR	WHICH OPERATION	20A AUTOPSY? (Yes or Yes	No 20B, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH? NO
ER	21 A. ACCIDEN	T WAS HADERLYING	1 /210	SI ACE OF INTHEVIOR	n or obout 21 C. WHERE DID	III to Rolling	ore City, give exact location)
CAL	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examined	hon	ne. form, factory, street, o	fice bidg. INJURY OCCUR	fit in bullime	ore City, give exect location;
MEDI	21D. TIME	(Month) (Day) (Year)	(Houd 218	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
Ξ	(APPROXI			Not While	• 🗖 📗		
			We	IK AI WOIK	7		
	22. I certify	that (I) (this bospita	d) ettended t	he deceased from	8/21	19 77 to	8/76 19 72
	that (1) (we)	last saw the deceas	ed alive on	8/26		that In (my) format of	lnion death accurred on the date
					lew the body after deal		
	23A. SIGNATU		40	0			238, DATE SIGNED
	John	B Welch	- Thi	1. Phol Atte	ending Med.	Stoff CD	8/264-
	AU VW	2.00	1 . 10	DEGREE Phy	s. L. Director L.	Staff Phys. (2)	10/0/12
1	PHYSICIA NAME (T	rpel			23 D. ADDRESS		
1	JOHN	B. WE	LCH	MID. Ph.D.	JPHNS 1	toptins 1	LOSP BALTIMORE
24/		MATION, 24B, DATE	24 <b>C. N</b>	AME of CEMETERY of CR	EMATORY 24D	LOCATION (	City, town, or county! (State)
	Burial	Aug. 29.	1972 Pre	ospect Hill (e	matani	Towson, Maryl	1
1		1 444.60 /0					ana
				OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
1		BY HEALTH DUT			25C. FUNERAL DIRECT	TOR	ADDRESS
1		972 Dick			25C. FUNERAL DIRECT		ADDRESS

58 57 50

Washington . Company

381

STATE OF MARYLAND-DHAU BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGIN Known IX I. NAME OF DECEASED 2. DATE Month Hous (Type or Print) CHARLES ENGE. Sr. OF August 26, 1972 Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Yeor Month Doy Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 6:55 A. M. August 26. 1972 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY Baltimore City Hospital (DOA) Maryland 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? 6. SEX 8. MARRIED NEVER MARRIED YES X WIDOWED DIVORCED NO [ Male White Baltimore E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min. lost birthday) Nov. 30. 1906 603 S. Oldham Street 11. BIRTHPLACE (State or foreign country) 13. FATHER'S NAME 12. CITIZEN OF TWHAT COUNTRY? Maryland 14A.USUAL OCCUPATION (Give kind of work) 14B.KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working lile, even if retired) Stieff's 17. SOCIAL 218-03-9140 ADDRESS Oldham St. 18. INFORMANT (WILE) 603 South 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, so or unknown) (If yes, give war or dates of service) Balto. Md. Mrs. Catherine L. Enge. APPROXIMATE INTERVAL CAUSE OF DEATH 19. BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart foliure, osthenia, etc. it means the disease, injury or camplication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 21. AUTOPSY? (Yes or No) 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED No 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Bolitimore City, give exact location) home, farm, lactory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy)
OF INJURY 22F. HOW DID INJURY OCCUR? (Year) (Hour) 22E.INJURY OCCURRED NOT WHILE WHILE AT (APPROX.) WORK 23. I certify that I held on Inquiry Inspection X Autopsy and that on this basis, death in my opinion resulted from: Natural couses Accident \_ Sulcide L Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER \_\_\_ Peter Lipkovic, M.D. August 27, 1972 NAME (Type)

24C. NAME of CEMETERY or CREMATORY

258. NAME OF REGISTRAR

Moreland Memorial Park

24D. LOCATION

25C, FUNERAL DIRECTOR

(City, town, or county)

John J. Duda, 7922 Wise Ave. Dundalk, Md.

Baltimore, Maryland

ADDRESS

(Stole)

VS 151-REV. 1/1/68

REMOVAL (Specify)

24A. BURIAL CREMATION,

24B. DATE

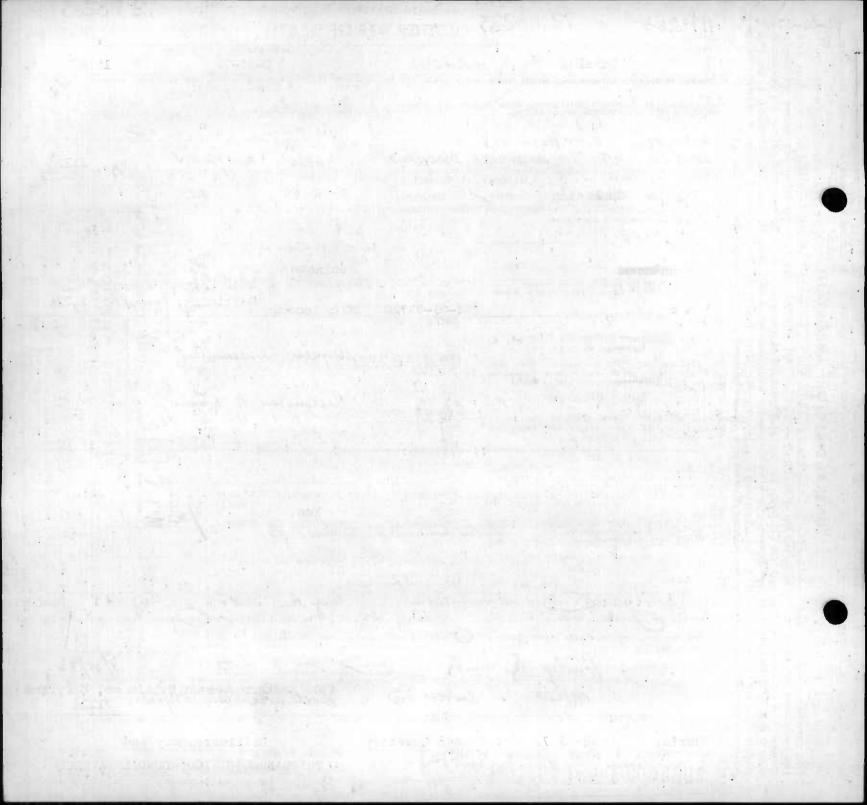
8/29/72

, , 

1	( 6) //	E CITY HEALTH DEPARTMENT	72 08284				
BII	RTH NO. GENTRUDE TONES CERTIF	ICATE OF DEATH STA	TE OF MARYLAND = DHM				
	NAME OF DECEASED  ype or Print) Gertrude Jones	2. DATE AND HOUR OF DE	1 3 50 A				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence befare admi				
FL	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE OSPITAL OR ADDRESS OR LOCATION) ISTITUTION	ET MARY (AN)	INSIDE CITY LIMITS?				
		BALTIMORE	YES NO				
-	BACTIMORE CITY HOSPITALS 4940 Eastern Avenue Baltimore, Marylan	E. STREET AND NUMBER					
	SEX 6. RACE 7. MARRIED NEVER MARRIE Female Caucasian WIDOWED DIVORCE	The state of the s	Manths Days Hours A				
10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INC		12. CITIZEN OF WHAT CO				
da	ne during mast at working lite, even if retired)	Maryland ?	USA				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
15	. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS				
(Y	es, no or unknown) (If yes, give wor or dotes af service)  SECURITY NO.						
2	UNDERLYING CONDITION IOSI. (C)	Conquestive heart fulus OR AS A CONSEQUENCE OF: Rheumatet heart de	slase				
OLT A TI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	N 20 A. AUTOPSY? (Yes ar Na) 208. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?				
EDTIE	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	yes.	25				
A	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR home, form, factory, setc.)	Y (e.g., in or obout 21 C. WHERE DID (If In Bol treet, office bldg., INJURY OCCUR?	timare City, give exact location)				
2	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURR	21F. HOW DID INJURY OCCUR?					
	22. I certify that (I) (this hospital) attended the deceased from	A. C. Ji	au (32 19				
			- Francisco Contract Off				
ond hour and from the couses stoted obove. (I) (We) (did) (did not) view the body ofter deoth.  23A. SIGNATURE  Attending Med. Staff Director Phys. Director Phys.							
	23C. PHYSICIAN'S NAME (Type) DHILLIP L. SMITH	23D. ADDRESS Galtimire Ca	ty Hospitals				
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	OEGREE 4940 Eastern Avenue Bal	(City, tawn, or county)				
	Bural 8. 28-72 Och Jac	- Baltino	ml.				
25	SA. DATE REC'D BY HEALTH DERT 258. NAME OF PIGISTING	Walter Cabourke	1005 Dunles				
11							

2505. Edst AVE 21224

	1		Λ		MO	0000	BALTIMORE CITY	HEALTH DEP	PARTMENT		72 08	285
61-0 djr	2002	BIR	11-263		12	08283	CERTIFICA	TE OF	DEATH	REGINATI	OF MARYI	AND DHMH
٠,٢	Su Su		AME OF DEC	Ethe.	1-1-1-1	Me	GRUDER			1D HOUR OF DEATH 25-72	12	:45 A.M.
	reibuting cause mined cause mined cause; (5) gular attendanc sed prior to dec made.	3.	PLACE IN BAL	TIMORE, MARY	LAND, W	HERE PRONO	UNCED DEAD	4. USUAL RE	SIDENCE (Whe	re deceosed lived. If in	stitution: residence	e before odmission)
		FU	LL NAME OF	(IF NOT II	N HOSPITA	AL OR INSTIT	UTION, GIVE STREET	1.	YLAND		2	6-6
		HC IN:	OSPITAL OR ADDRESS OR LOCATION) STITUTION					C. CITY OR TOWN D. INSIDE CITY LIMITS?				
		1	BACTIMO	OF CI	TY HO	SPITHL	5	Saltemore YES NO				
		BACTIMORE CLTY HOSPITHIS EASTERN AVE BATIMORE, MARYLAND						6305 FORTVIEW Way 21224				
		5. 5	Female	6. RACE	sian	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF B		9. AGE (In years lost birthdoy) 72	Months Doys	If Under 24 Hrs. Hours Min.
	con re- re- ced			PATION (Give k		10B, KIND OI	F BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or fore	ign country)	12. CITIZEN OF	WHAT COUNTRY?
	in dec			NE	11 10111007			USA			us	SA.
	if de ect o was was the posit	13.	13. FATHER'S NAME						S MAIDEN NA	ME		
E	is is		unkn	own				unkn	nown			
Z	ind; eath	15. (Ye	Wos Deceosed	Ever in U. S. /	Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMA		4940 Easter		
MPORTA	the the kin de de		No	0			274-03-7772D	BCH: I	Records	Baltimore,	Maryland	21224
ō	s as if any ced nda		18. 18	71			CAUSE OF DEAT					OXIMATE INTERVAL N ONSET AND DEATH
AP	C 0 + C 0 D	15	DISEAS	E OR CONDI		RECTLY		11.	-	- 00 1		
=	Als Als art	(A) IMMEDIATE CAUSE MUSTIC OF:  (This does not meen the mode of dying, e.g.,  (A) IMMEDIATE CAUSE MUSTIC OF:										100000000000000000000000000000000000000
ä	er. ctu pro			osthenio, etc.			,	A 00110E40E11	GE 01.		4-10	
ō	amine A frac Vho p regule			ANTECEDENT				Can	Essac MA	A interior		
2			DISEASES C	R CONDITIO	NS, if	ony, giving	DUE TO, OR AS	A CONSEQUE	NCE OF:	0		
DIRECTOR:	(3) (3) s			obove con		stoling the	(c)					
۵	- U C 0 U			- 11			(4)					
7		ATION		CANT CONDIT								
2	# E > 0 .0 0	CAT	DISEASE OR C	ONDITION GIV	EN IN PAR	T 1 (A).	WHICH OPERATION	120A. AUTO	PSY? (Yes or No	D) 20B. IF YES, WERE	FINDINGS CONS	IDERED
UNERAL	Sod Sod	CERTIFIC	W. DATE OF	OFERALION	WAS PER	FORMED	WHICH OFERATION		Yes	IN CERTIFYING CA	USES OF DEATH	?
5	by (2) E re t phy fore	CER	21 A. ACCIDE	NT WAS UNDE	RLYING	216	B. PLACE OF INJURY (e.g.,	in or obout 21 C.	WHERE DID		re City, give exoct	locotion)
	y th tal he; (3)	CAL		medical exami		etc.	ne, form, foctory, street, o	mice biag., INJU	JRY OCCUR:			
	d × P	MEDIC	21 D. TIME OF INJURY	(Month) (Doy	y) (Yeor)	(Hour) 21E	. INJURY OCCURRED		HOW DID INJ	URY OCCUR?	7 14 5	
	rove he he y na xcep and (	2	(A PPROX.)			Wi	hile At Not Whi	le 🔲				
			22. 1 certify	that (1) (this	haspita	) attended t	the deceased fram	an	1. 18	19 7 1/ta	auf 23	19 72
	app fort fan fan (e ); c							25 19 9	and th	not in (my) (aur) op	(1	urred an the date
	0 0 5 7	and haur and fram the causes stated abave. (1) (Ve) (did) (did nat) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED										
	dent deat										238, DATE SIGN	1ED,
	- U - C A			P	hely	h. 6	Fruit DEGREE Phy	ending s.	Med. Director	Shaff Phys.	8/2	5/72
	at at or i or		23C. PHYSICIA NAME (T	N'S ype)	PH1611	2 h. 6	SMITTI MD	23D. ADDRAS	40 Easte	ern Avenue/B		Maryland 224
	W. W.	24/	A. BURIAL CRE	MATION, 248.			AME of CEMETERY OF CE			/ /	ity, town, or coun	
	certinody vs. (1 D.O. asec		REMOVAL (	Specify)				71.47	100			
	This certificate body shows: (1) was D.O deceased written a	25/	Burial A. DATE REC'D		3 - 28 - 7		ak Lawn Cemete		ERAL DIRECTO	altimore,Man		DDRESS
	This the bashow was dece		AUG30	1972 7	Greds	ey Mi	which			OWSKI 1005 I	DUNDALK A	VENUE
		VS	150-REV. 1/1/	6B		11-1	e4- (-)	1 2	0			



	72 08286 CERTIFICA	TE OF DEATH Y REG. NO. 72 08286										
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH										
	(Type or Print) PLUMMER, FLORENCE	M. 8.27.72 10.23, ATT										
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE  B. COUNTY  B. COUNTY										
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?										
H	TNORTH CHARLES HOSPITAL	BALTIMORE YES NO										
	BALTIMORE MD.	3506 JEAN DRIVE 21207										
	S. SEX  6. RACE  7. MARRIED □ NEVER MARRIED □  WIDOWED ☑ DIVORCED □	8. DATE OF BIRTH 9. AGE (In years li Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.										
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relited)  RETIRED	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  A.  L. S. A.										
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME										
1	BURTON B. HALL	MERTIE D. JONES										
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give war at doles of servicel 577-40-3653	MRS ADE BE MILLS, 350 G JEAN DRIVE										
	18. CAUSE OF DEATH	APPROXIMATE INTERVAL										
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	** VIRAL MENINGITES 3 days										
	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,											
	injury or complication which coused death.)	L MENINSITE C										
	DISEASES OF CONDITIONS :											
	rise to the above couse (A) stating the UNDERLYING CONDITION tast. (C)	HINDERIVING COMPTON LA										
	z II	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4										
	O THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (A).	) AND DUODENAL WICER										
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes ar No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?										
	21A. ACCIDENT WAS UNDERLTING   21B. PLACE OF INJURY (e.g., in hame, form, factory, street, off DEATH (natify medical exominer)	ar about 21C. WHERE DID (If In Boltimore City, give exoct lacation) in JURY OCCUR?										
	21D. TIME (Manth) (Doy) (Yeor) (Hour) 21E, INJURT OCCURRED	21F. HOW DID INJURT OCCUR?										
	(APPROX.) Work At Wark	Li										
	22. I certify that (1) (this haspitol) attended the deceased from 8:10.77	24.72 19 17 to S: 72 . 19 19 19 19 19 19 19 19 19 19 19 19 19										
	and haur and from the causes stated obave. (1) (We) (did) (did not) vi	ew the bady after deoth.										
	23A. SIGNATURE Attended Attend	ding C Mad C Shift C										
	23C. PHYSICIAN'S DEGREE Phys.	Director Phys. S										
	NAME (Type) DRS. KUICHR	NICHARLES HOSPITAL BALTO,										
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREF	tonly, town, or conny,										
	Burial 8/31/72 Mine Road Baptist											
	AUG3 0 1972 258. NAME OF REGISTRAR	Loring Byers Luneral Directors PAPERSS Liberty Road, Randallstown, Md. 21133										
	VS 150-REV. 1/1/68											

THE SAME THE THE SECRET SAME TO STATE THE 21690 82 \* 1 0.37.03.5 BURTON B. HALL MERTIE DIGHEL

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WORKLES HERT THE PARTY

VS 150-REV. 1/1/6B

a hospital and

/ Tare	AME OF DECEA				2. DATE AND HOUR OF DEATH						
тур	Leg	gett, Earl E	3.		8/28/72 10:38 A.M.						
3. P	PLACE IN BALTI	MORE MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDEN	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissing A. STATE  B. COUNTY					
HO	LL NAME OF	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INST	TUTION, GIVE STREET	Maryland C. CITY OR TOWN	Maryland Baltimore 21227					
0		s Hospital H	Mergen	cy Room	Baltimore YES NO X						
		on Ave. 212	_		E. STREET AND NUMBER 7123 Kitkat Road 21227						
5. S	M 6	Cauc.	7. MARRIED	NEVER MARRIED DIVORCED	5/29/35	9. AGE (the years lost birthdoy) 37	If Under 1 Yr. If Under 24 Months Doys Hours Mi				
			10B. KIND	F BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	ote or foreign country)	12. CITIZEN OF WHAT COUN				
	Welding S	ervice	Self	Employed	North	n Carolina	U.S.A.				
	FATHER'S NAM				14. MOTHER'S MA	IDEN NAME					
	A.E	. Leggett			Myz	rtle Deaton					
15. \	Wos Deceased E	ver in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS				
(Yes	s, no or unknown) (	If yes, give wor or dote	s of service	CAUSE OF DEA		ral Home, Wicom	nico, Virginia 231				
	injury ar camp	sthenio, etc. II means lication which caused NTECEDENT CAUSES CONDITIONS, if	deoth.)	(B)	AS A CONSEQUENCE C	Cor oneur	you 122				
ION	Injury or comp  AI  DISEASES OR rise to the UNDERLYING	Ilication which caused NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last.	ony, givin stating th	g (B) DUE TO, OR (C) CALC	as a consequence of	Cor oneur	J 1 yz. Eeroses				
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MEDICAL CERTIFIC	injury or camp  AI  DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19 A. DATE OF (  21 A. A CCIDENT OR CONTRIBUT DEATH (notify in 21 D. TIME OF INJURY (APPROX.)  22. I certify to that (I) (we) I ond hour ond 23 A. SIGNATUR	Ilication which caused NTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last.  II CANT CONDITIONS CO BUT NOT RELATED TO T NOTITION GIVEN IN PARA POPERATION 198 CON WAS PER T WAS UNDERLYING ING CAUSE OF medical examiner) (Month) (Doy) (Year)  that (I) (this hospito ast saw the decease from the causes sto	ony, givin stating the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR FORMED  22 he (Hour) 21 V	(B) DUE TO, OR  (C)  WHICH OPERATION  B. PLACE OF INJURY (e.g., or, or, foctory, street, c.)  E. INJURY OCCURRED  White At  Not W At Work  The deceosed from  (1) (We) (did) (did not)	AS A CONSEQUENCE OF A C	Yes or No) 208. IF YES, WE IN CERTIFYING  RE DID (If in Bolti CCUR?  19 ta	ere FINDINGS CONSIDERED CAUSES OF DEATH?  imore City, give exact location)  19  opinion death occurred on the				

Howard H. Hubbard, 4107 Wilkens Ave. 21229

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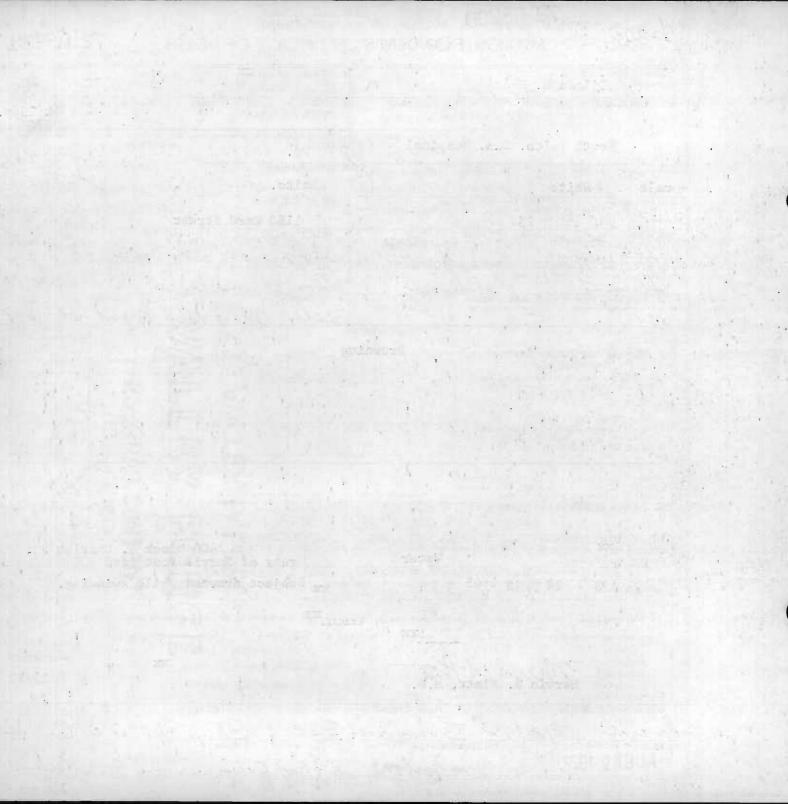
BIR	7-500 RTH NO.		MED	ICAL	EXAM	INER'S	CERTIFIC	CATE O	F DEAT	TH REG. NO		86560
	NAME OF DEC	EASED	LI	ED			2. DATE	Known A	Manth	Day	Year	Haur
	pe or Print)		RNEST	n	Ε		OF DEATH	Estimoted [	. (7	27	72	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION								NCED DEAD	8	27	1972	10:40 a <sub>M.</sub>
0	10	7 Reist	erstow	n Rd.			A. STATE	id.	i e deceosed	B. COUNTY	LTIMO	RE 283
6. SEX 7. RACE B. MARRIED NEVER MARRIED Married Wildowed Divorced							C. CITY OR	town' Bai	YES NO			
_	DATE OF BIRTH		10. AGE (In	yeors 1	f Under 1 Yr.	If Under 24 Hrs.	E. STREET A	ND NUMBER	CMER		TES L	NO L
A	PRIL 22 -	1916	lost birthdoy	56		Hours Min.	54	15 Chry	STOT AV	re.		
11.	MARYL	AND	n country)	"	WHAT CO		FRED	ERICK	Boo	ONE		
	USUAL OCCUI			4B. KIND	OF BUSINES!	OR INDUSTR	15. MOTHER	ISTINA		MILEN		74
	WAS DECEASE				17. SOC	CIAL	1B. INFORM			JUKK	ADDRESS	
(Ye	s, no or unknown)		N WII	f service)	216-1	0.3-9104	SHARON	RETAL	IANK	EDGE	WATE	R MD
	19.	CLY	11 2			AUSE OF DEA	TH	(15////	5//(/	-247	AF	PPROXIMATE INTERVAL
	Multiple blunt force injuries											
	LEADING TO DEATH											
	(A)IMMEDIATE CAUSE  (This does not mean the mode of dylng, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which coused death.)											
	injury or com	pilicotion which	n coused deo	n.,								
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							UENCE OF:				
								AS A CONSEQUENCE OF:				
NO	ONDEREN		OIT LASI.			(C)						
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Fatty metamorphosis of liver DISEASE OR CONDITION GIVEN IN PART 1 (A).											
CERT					OR WHICH O	PERATION W	AS PERFORM	21. AUTO	PSY? (Yes or No)			
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) Parking lot rear 5207 Reisterstown Rd.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED  22F. HOW DID INJURY OCCUR?											2788
	OF INJURY (APPROX.) 8-27-72 10:30 a WHILE AT NOT WHILE AT WORK Beaten during argument.											
	23.  I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion											
	result	resulted from: Notural couses Accident Suicide Homicide M Undetermined manner										
	ACTUAL ACTUAL ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER											DATE SIGNED
	SIGNATU EXAMINI NAME (T	ER'S R	onald N	. Kor	nblum,	M.D.	Deptity	CICH WETCH	EXMUNE	Examine	er 8	3-28-72
	A. BURIAL CREA MOVAL (Specif	AATION, 2	4B. DATE		24C. NAME	of CEMETERY	or CREMATO	RY 241	LOCATIO	(City, to	wn, or county	) (Slote)
Z	BURIAL	/	AU630	-1972	PIPE	CRE.		N	EW WI	NDSOR		MD
25	AUG30	1972	Hid	25B. NA	ME OF REG	STRAR	25C. F	Hart	ler & L	lone /	Lew- U	Lindson
VE	151 DEV 1/1/40	- N /		111	J New	1,7		1 1 7				-

AN MONEY SELECTION NA. END THEKE Billiv telev \$1 3197 - X2 1/8/A MARYLEND LESS PRESERVER BORNE CARLENTER TRUESING CARLENGER STORM THE REPORT OF THE PARTY WAS ARREST TO SEE THE PARTY OF TH substitute blant forcer in her de-. w. national trees of the state of the state of Manufacture and the state of th

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61-	75-65 dji	BALTIMORE CITY HEALTH DEPARTMENT	-
		STATIS OF DEATH TREG. NO. 72 US289 CERTIFICATE OF DEATH TREG. NO. 72 OF THE OF	3289
	and eath ased the Such	STATE OF M	ARYLAND-DHIM
		(Type or Pant) DALLALA (CA)	
	spital of d () Dece or eath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; re	M.
	2 0 0	A. STATE B. COUNTY	A
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!  INSTITUTION  OR HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN  OR INSTITUTION  OR INSTITUTION	ASSID
	se, se, to	Baltimore City Hospitals  C. CITY OR TOWN  D. INSIDE CITY IS  YES	NOXX
	ri att	4940 Eastern Avenue	NOXX
	D - D - G		21061
	ibo da ad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED XX 8. DATE OF BIRTH 9. AGE (In years   If Under	Days Hours Min.
	occu ntrib rmir egul ased s ma	Female Caudasian WIDOWED DIVORCED 11-8-71   Ost billhooy)	Doys Hours Min.
	00 - 0	10A, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZ	ZEN OF WHAT COUNTRY?
	or c ndet in dec	Toole county most of working tite, even at fellieu)	U.S.A.
			0,77.
-	rect (4) U wa the ispos	THOMAS LANE SANDRA L.ST.	T /
Z	+ .=	15. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL 17 INFORMANT	John
A	- 0 - 0 0	5   (Yes, no or unknownt   (If yes, give wor or dotes of service)   SECURITY NO.   BCH: RECORDS 4940 Eastern Ave.	
8	S + _ E E		21224
MPORTAN	an a	DIFFASE ON CONDITION DISTORY	APPROXIMATE INTERVAL
\$	- 20 3 + 0	LEADING TO DEATH  (This does not mean the mode of dying as (A)MMEDIATE CAUSE INTERNAL HEMORRHAGE (A)MMEDIATE (A)	ih.
	E To your	Times does not mean the made of dying, e.g., DUE TO OR AS A CONSEQUENCE OF.	1 11
R	miner. fractu o pro guir	healt failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	106
2	fre	ANTECEDENT CAUSES  CARDIO RESPIESTORY ARREST  DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:	10 %
E	xan xan y A wh		400000000000000000000000000000000000000
DIRECTOR:	- o C L L S	UNDERLYING CONDITION lost	
0	dical cal icic icic		
A	medical burns; hysicia n was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DIPPUSE ISTAND DAMAGE	
FUNERA	F . O. D .	I S DISEASE OR CONDITION GIVEN IN PART 1 (A)	
Z	a range of the lange of the lan	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	CONSIDERED EATH?
5	he cl by (2) B re t phy fore	[ O 21A, A CCIDENT WAS UNDERLYING ] 1218 PLACE OF INTURY (e.g., in all about 21C WHERE DID.	exact lecation)
		OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
	why why	O 21D TIME (Morell (Dayl (V. ) 1915 DAYL)	
	hospita nature; sept whe d (6) No ained be	While At Work	
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	an de la	1 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7
	0 0 0 0 0		n occurred on the date
	dent dent deat deat	23A. SIGNATURE 23B. DATE	SIGNED
		Afterging of Med. Storest	27/27
	E 0 0 n + 0	DEGREE THE DIRECTOR OF PROS	, Maryland
	was r An a L at prior	NAME (Type) E, CONTRERAS M.D. BAUTO. CITY HOSP.	21224
	+ -	DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or	
	F-000-		county! (State)
	the bod shows: was D.C decease	25A. PATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	Y/91C
	This the show was dece	AUG30 1972 Francy Willowson Ain Brose The 1328 Salehu	ADDRESS
		VS 150-REV. 1/1/68	10g Ild

3.00 1991.3 1 120V9-100

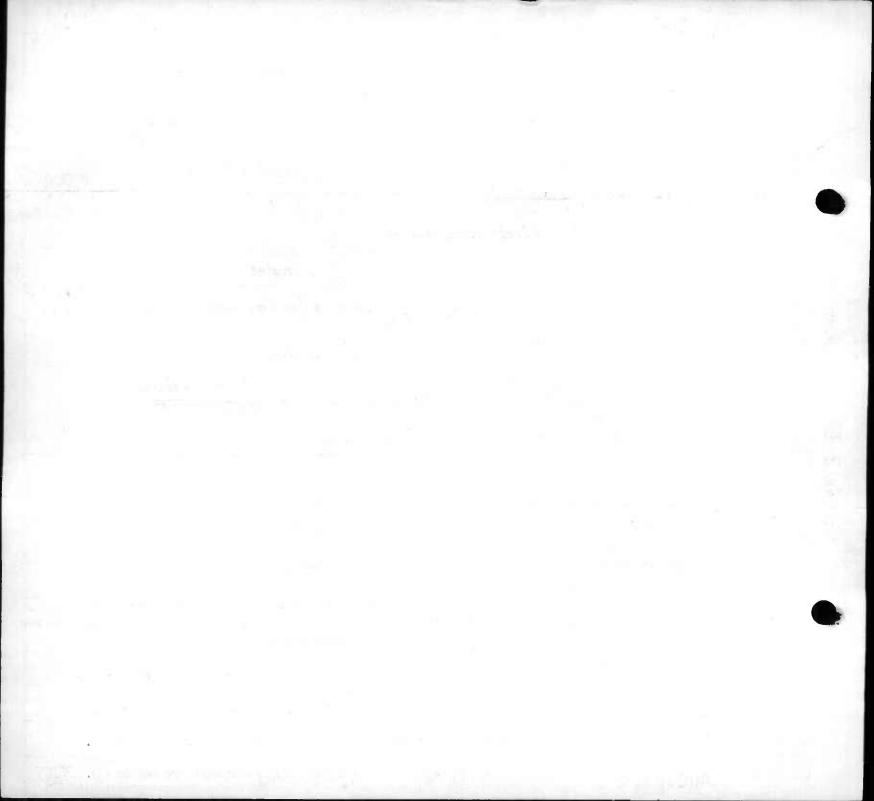


72 08291 STATE OF MARYLAND-DHMF BALTIMORE CITY HEALTH DEPARTMENT

				1-16
MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH	10

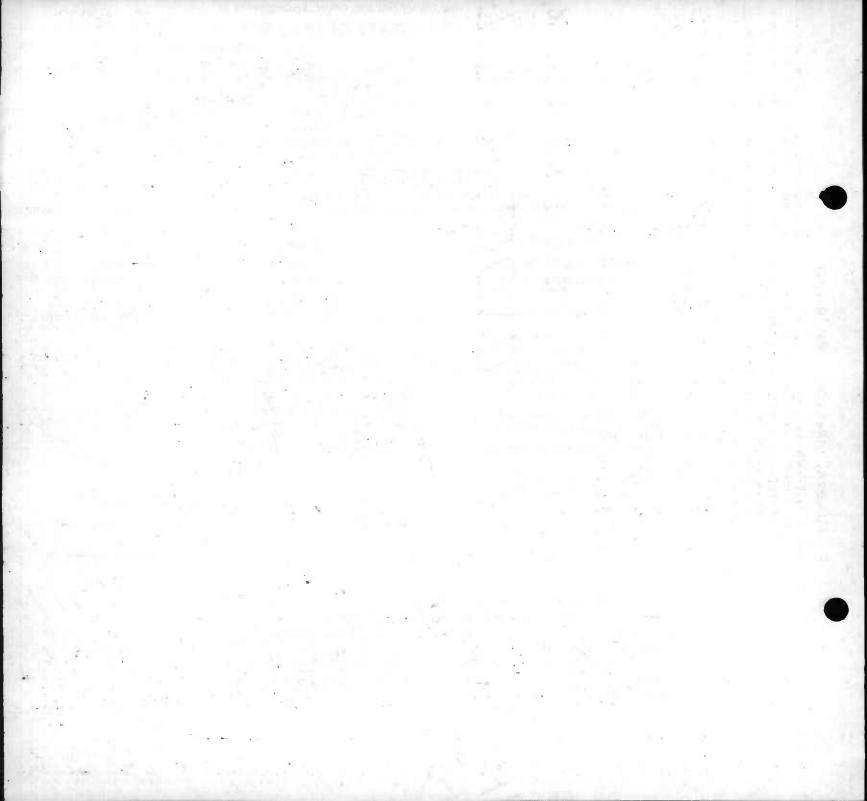
1	72 08291 STATE OF MAR	YLAND-DHMH ALTH DEPARTMENT	
14	-240 MEDICAL EXAMINER'S C		72 08291
BIR	TH NO.	REG. NO	
	NAME OF DECEASED	2. DATE Known Manth Day	Year Hour
	STANLEY F. PACKAL	OF DEATH Estimoted	М.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Day PRONOUNCED DEAD	Yeor Haur
HO	INSTITUTION	8 27 1	.972 8:25 p.
	20	5. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE B. COUNTY	residence before admission)
6.	University Hospital  7. RACE  B. MARRIED NEVER MARRIED	Md .  C. CITY OR TOWN ID. INSIDE CIT	Y LIMITS?
m	ale white widowed Divorced		No 🗆
	DATE OF BIRTH 110. AGE (In years 1 If Under 1 Yr. If Under 24 Hrs.	10.	NO LI
Va.	In 4 1909 lost birthdoy) Manths, Doys, Haurs, Min.	1019 Bayard St 2/223	
11.	BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
L	Glomany M.S.A.	Jasenus Takalnista	sky
	.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY e during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
14	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	B. INFORMANT AD	DRESS
(Ye	s, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	R + A R A A A 1010	B. A.H.
	96. 9. M. U 312-09-86-14 CAUSE OF DEA	TH arabusky-1019	WPPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY Carcinoma	of bladder	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (A)IMMEDIATE C		
		AS A CONSEQUENCE OF:	
	ADJUTE CONTROL CALIFER		
	DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR	AS A CONSEQUENCE OF:	
7	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
ē			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
TIF	DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA	AC DEDECIDINED	21. AUTOPSY? (Yes or No)
CER	DATE OF GLEATION 1200. CONDITION FOR WHICH OF ERAIION W	AS PERFORMED	
AL	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in ar about 22C. WHERE DID (If in Baltimare City, give exoc	no t location)
EDICAL	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	e bldg., etc.) INJURY OCCUR?	
Σ	22D. TIME (Manth) (Day) (Year) (Haur) 22E. INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?	
	(APPROX.) m. WHILE AT WORK AT W	WHILE ORK	
	23.  I certify that I held on Inquiry Inspection K Au	topsy ond that on this basis, death in my o	_:_!_
	resulted from: Natural causes Accident Suicid		
	Accident Solicion	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE MILE MILE MILE MILE MILE MILE MILE MIL	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
24	NAME (Type) Peter Lipkovic, M.D.  A BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	8-28-72 (State)
	MOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town,	or caunty) (State)
25	A DATE REC'D BY HEALTH DEPT. 1258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR, AD	DRESS OA
23	MIC 3 0 1072	all the	Que 1/ 11 - 11
	אופו טעטטא	To an Je Frowantson	me. Hollins St
VS	151-REV. 1/1/68		121213

V-535	72 082		TE OF DEATH	REG. NO	72 08292
I.NAME OF DECEASED		CENTIFICA		STATI	E OF MARYLAND-DHIM
(Type or Pont)	N BO841	CAARLES	2. DATE AN	O - 116	DALL
3. PLACE IN BALTIMORE, MA	WLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. Il in	stitution: residence before admission
FULL NAME OF (IF NOT	IN HOSPITAL OF	NSTITUTION CIVE STREET	M STATE B. COUN	414	7506
HOSPITAL OR ADDRES	S OR LOCATION	NSTITUTION, GIVE STREET	C. CITY OR TOWN	In INSI	DE CITY, LIMITS?
47			BALTIMORE	D. 11431	YES MO
San Maria			E. STREET AND NUMBER		
SOUTH BAG	T. STWel	405P	1010 BRISTO	14 PLACE	
S. SEX 6. RACE		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr.
M W		WED DIVORCED	12-4-06	65	No.
IDA, USUAL OCCUPATION (Give done during most of working life, eve	n if retired)	and the same of th	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTE
	Ele	ctrician Retired	ml		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
EMIL			Louise Snyde	en	
5. Was Deceased Ever in U. S. Yes, no or unknown) (If yes, give	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS 21/36
rest no or oaknown the yes, give	wor or boies of sen	317-05-0297	Charles Van De	on Boach 200	Highmeadow Road
18.		CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASES OR CONDITION  inse to the above condition  UNDERLYING CONDITION  OTHER SIGNIFICANT CONDITION  TO THE DEATH BUT NOT RE DISEASE OR CONDITION GIVE  19A. DATE OF OPERATION  21A. ACCIDENT WAS UND	use IA) staling I last. IONS CONTRIBUT	the (c) Car	A CONSEQUENCE OF:		***************************************
DISEASE OR CONDITION GIVE	EN IN PART 1 (A).	************	20A. AUTOPSY? (Yes of No	200	***************************************
	WAS PERFORMED	OK WHICH OFERALION	ZUA. AUTOPST? (Tes on No	IN CERTIFYING CAU	INDINGS CONSIDERED
OR CONTRIBUTING CAU	ERLYING DE OF	21B PLACE OF INJURY (e.g., in home, farm, factory, street, affi	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore	City, give exoct location)
21D-TIME (Month) (Do OF INJURY (APPROX.)	y) (Yeorl (Hour)	21 E. INJURY OCCURRED  While At Not While Work  Not Work	21F. HOW DID INJI	URY OCCUR?	
22. I certify that (I) (this	hospital) attend		フークマーフン・	9 10 8	26. 2219
that (1) (we) last saw the				t In(my) (aux) anim	ian death occurred on the dat
		e. (1) (We) (dld) (dld not) vi		. in (my) (aur) apin	iun usum occurred on the dat
23A. SIGNATURE		- Tr ( Tara ) (and not) VI	on the body diter death.		23B, DATE SIGNED
1777	all of	Atten	ding Med.	Stoff Phys.	(2- 1-1/2-1) -
23C. PHYSICIAN'S NAME (Typel		GEGREE Phys.	Director L 1	Phys. 421	8.04 17
Dr Carlos	Patalin	,		Pace Or	di Wasa
4A. BURIAL CREMATION, 248.		C. NAME OF CEMETERY OF CREAT	SOCI EH	CATION (City	
Buril Specifyl 8/		Scwartz Cemetery	0.0	rnell Street	Balto My
5A. DATE REC'D BY HEALTH D		ME OF REGISTRAR		- Julean	. Lucio ra.
ALIC 2 0 1070 7	4:1	She Kanal	25C, FUNERAL DIRECTOR	Patanson Hum	Balto M. 21225
HUGOU 1916	July 1	NI CONTRACTOR OF THE CONTRACTO	11 (10% 30)	waysou ve	. 2122)



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT							
CERTIFICATE OF DEATH REG. NO. 72 08293							
OF DECEASED 2. DATE AND HOUR OF DEATH OF MARYLAND-DHIM							
"VOGEL George P. 8-27-72 3 Am M							
IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY							
ME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MD. BALTO.							
OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?							
Thuis dal was D							
CATEN MANUR NURSING CENTER E. STREET AND NUMBER							
6 WINTHROP COURT							
6. RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  WIDOWED DIVORCED DIVORCED S. 1966  9. AGE (In years lost birthday)  Months Doys Hours Min.							
L OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
most of working life, even if retired)  LLES- RET. PEALESTATE  113.  U.S.A.							
2'S NAME 14. MOTHER'S MAIDEN NAME							
GEORGE VOGEL CATOERIFE							
ecoused Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   ADDRESS   SECURITY NO.   SECURITY NO.   17. INFORMANT   ADDRESS   SECURITY NO.   SECURITY							
mo Rettles tonces - Weithor Count							
CAUSE OF DEATH							
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH  (A) IMMEDIATE CAUSE  CPC///O/MC OF MILE  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
does not meon the mode of dying, e.g., foilure, osthenia, etc. It meons the disease,							
or complication which coused death.)							
ANTECEDENT CAUSES  (B)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:							
ISES OR CONDITIONS, if any, giving DUE TO, OR AS'A CONSEQUENCE OF:							
RLYING CONDITION last. (C)							
11 00000							
SIGNIFICANT CONDITIONS CONTRIBUTING E DEATH BUT NOT RELATED TO THE TERMINAL							
SE OR CONDITION GIVEN IN PART 1 (A).  ATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED							
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?							
CCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?							
I (notify medical examiner)							
ME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?							
(While At Work At Work At Work							
5/17/7							
22. I certify that (I) (this hospital) attended the deceased from 19/10 19/10 19/10 that (I) (we) tast saw the deceased alive on 19/10 29/10 and that In (my) (we) applied to the date							
our and from the causes stated above. (I) (We) (did not) view the body after death.  GNATURE (238, DATE SIGNED)							
Attending Med. Staff							
TYSICIAN'S DEGREE Phys. Director Phys. Director Phys. 23D. ADDRESS / 3.0. 3							
AME (Type) WE MC (with m) Diff (M Succession)							
11 11 11 11 11 11 11 11 11 11 11 11 11							
AL CREMATION, 1248. DATE 124C, NAME of CEMETERY of CREMATORY 124D, LOCATION (City, town, or county) (State)							
OVAL (Specify)							
red 8130-77 Landon Park Cem. Bolls. ml							
OVAL (Specify)							



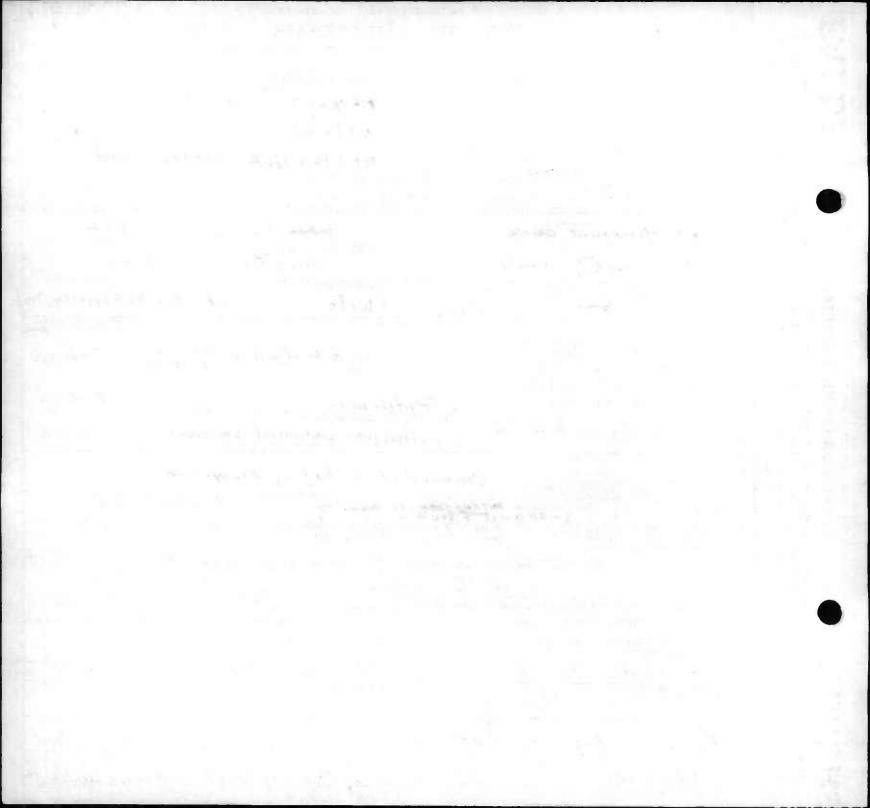
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a haspital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

	1		BALTIMORE CITY	HEALTH DEPARTMENT		72 08294
	-562 TH NO.	72 082	94 CERTIFICA	TE OF DEATH	REG. NO.	F MARYLAND-DHMH
	AME OF DECEASED	Н.			D HOUR OF DEATH	
	NELLIE	VAN R	OSSUM		HS AUGUST, 2	
3, 1	PLACE IN BALTIMORE, MARY	LAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUN		stitutions residence before admission)
FU	LL NAME OF (IF NOT I	HOSPITAL OR II	ASTITUTION, GIVE STREET	3106, WEAVER	AVENUE - BAL	
IN	INTUTION	PRIAL HOS		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
Т	HEUNION MEM	photosic heat	FILAL	BALTIMORE		YES NO
	++			3106, WE AVE	R AVENUE -	2731
5. \$	EX 6. RACE WHI	~	RIED NEVER MARRIED DIVORCED	10-15-XX 83	9. AGE IIn years last birthday)	Il Under 1 Ye. If Under 24 Hrs. Months Oays Hours Min.
10A			D OF BUSINESS OR INDUSTRY			112, CITIZEN OF WHAT COUNTRY
	e during most of working life, even					
	RETIRED	Hous	sewife	MARYLAND		AMERICAN U.S.
13.	FATHER'S NAME			14 MOTHER'S MAIDEN NA	ME /O	
	ROBERT LAF	FERTY		MARY SEIDE	Seiden	stricker)
15.	Was Deceased Ever in U.S., no or unknown) lif yes, give v	Armed Forces?	6 SOCIAL	17. INFORMANT		ADDRESS
	No	of duies of sen	216-03-6641	D Mica Mall:	e Ver De-	0
			CAUSE OF DEAT		e van kos	sum, Same
	18.4/2.41		CAUSE OF DEAT	n.		BETWEEN ONSET AND DEATH
	DISEASE OR CONDI			4 -		
	LEADING TO		(A) IMMEDIATE CAL	ISE ARTERIOSCL. C	ARDIOU. OF SE	ASE
	(This does not mean the heart failure, asthenia, etc.	mode of dying,	DUE TO, OR AS	A CONSEQUENCE OF:		
	Injury or complication which	h coused death.)				
				THE I SET SOUT	AUE TO AN	T ORIVITEDANE
	ANIECEDENI CAUSES (8) GANIGRE			A CONSEQUENCE OF:	SOE TO MICI	. D GC TEICHAIS
		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the above cause (A) stating the				
	UNDERLYING CONDITION		(c)			
			(0)			
z		AND CONTRIBUT	ING.			
2	OTHER SIGNIFICANT CONDIT	ATED TO THE TERMI	NAL AGE			
Y	DISEASE OR CONDITION GIV	EN IN PART 1 (A).		ISAA AHEODEYA Waxaa Na	V 200 IR VEC WERE	INDINGS CONSIDERED
ERTIFICATION	19A. DATE OF OPERATION	WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	USES OF DEATH?
ER	21 A ACCIDENTS WAS INCOME.	N VINO	ISLE BLACE OF MINERAL	a of shoulding the Bus	16 1- P-W	Citie also exact learnest
U	OR CONTRIBUTING CAUS	EOF	18. PLACE OF INJURY le.g., home, form, factory, street, a	ffice bidge INJURY OCCUR?	ht iu pattimot	e City, give exoct location)
AL	DEATH (notify medical exami	ned	etcal			
Die	21D. TIME  Month   Do	(Year) (Have)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
MEDI	OF INJURY		While At Not Whi			
-	(APPROX)		Troin — Tri train			
	22, I certify that (I) (this	hospital) attend	ded the deceased from	P.M. 8/28	1972 10 Dils	a.m. 8/29 1972
	that (I) (wa) last sour the	deceased allow	on 10 p. m. 8/20	19 7-2 end th		nlen deeth occurred on the dete
	mur (I) We lust sew the	decedaed dilke	011	end th	et in/ma/(fant) abit	men deelii occorred on the dete
	and heur and from the co	uses stated abo	ve. (1) (We) (did) (did net)	view the body after death.		
	23A. SIGNATURE	1 .11				238, DATE SIGNED
1	1 de lassi.	A 110	Lin Min Ath	ending Med.	Staff Phys.	
	TO BUYSICIANS	J. mich	Hun, M.O. DEGREE Phy	s, LJ Director LJ 23D, ADDRESS	rnys.	
1	23C. PHYSICIAN'S NAME (Type)				0 6 1/0- 10-	11002 in 11
		ANTOS I	LARTINS, M.D DEGREE		nemoriac ,	405 1117 4C.
24/	A. BURIAL CREMATION, 1248.		4C. NAME of CEMETERY OF CR		OCATION (C)	ly, town, ar county) (State)
	REMOVAL (Specify)					
	Burial	7-1-72	Parkwood	E	Balto. Md	
25	A. DATE REC'D BY HEALTH E	EPT/ 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	BUC 9 0 1072	In due	with my	Teamand I	Ruck The	5305 Harford Rd
-	H115010 1716	1		Incomercial	Ruch, IIIC.	TOTO HALLOLD KO

THE RESERVE OF THE PARTY OF THE bor

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such deceased prior to death. Such deceased prior to death. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

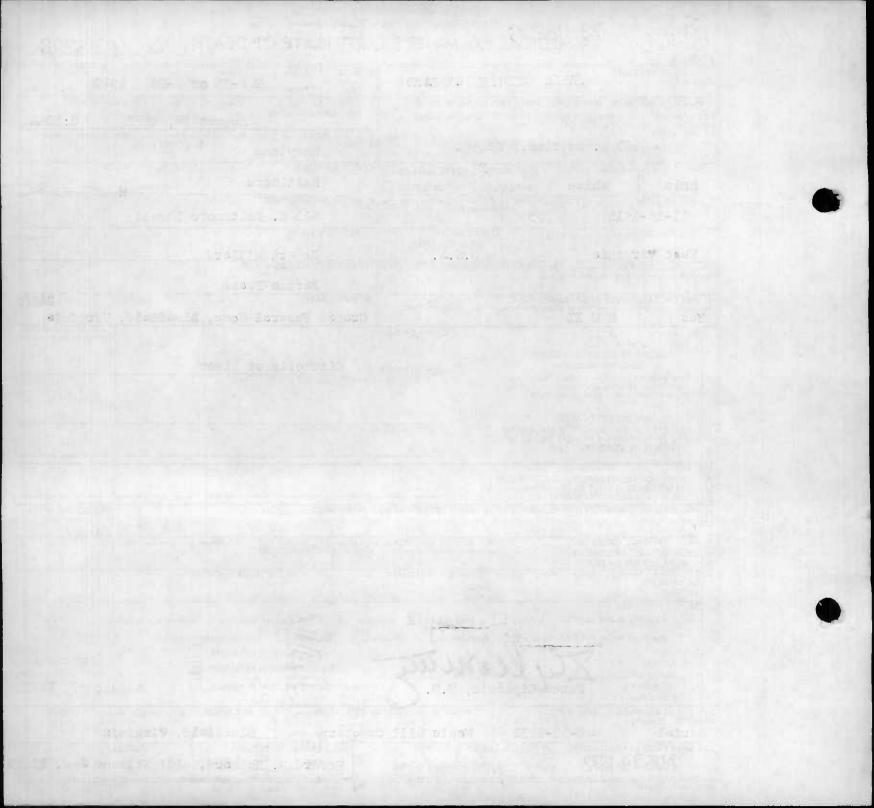
1	7		BALTIMORE CITY			11 3 1	3 7 . 4 11 1 1 - 4
BIRT	-400 HNO.	72 0829	5 CERTIFICA	TE OF DEATH	REG. NO STATE	OF MARYLA	ND-DHMH
Typ.	e or Print		Joseph	2. DATE A	NO HOUR OF DEATH	72 1	2.20 1 m
3. P	LACE IN BALTIM	ORE MARTLAND, WHERE PRON	DUNCED DEAD	4. USUAL RESIDENCE (WH	ere deceased lived If	institutions residence	e before odmission)
FUL HO:	L NAME OF SMTAL OR TITUTION	(IF NOT IN HOSPITAL OR INSTI ADDRESS OR LOCATION!	TUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	CArroll	SIDE CITY LIMITS?	5300
2	SINAI.	HOSOITAL OF Z	BACTIMORE	E. STREET AND NUMBER R+   Box 180	6A upper	co, mo	J.
5. SI	X // 6.1	MARRIED WIDOWE	NEVER MARRIED DIVORCED	29-14	9. AGE (In years last birthday) 58	If Under 1 Ye. Months Days	If Under 24 Hrs. Haurs Min.
	during most of work	MON (Give kind of work 108, KIND ( ing life, even if refired) Yese ment cleris.	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lo	PennA-		F WHAT COUNTRY?
13. F	Edu	DAVE, GILL	(	14 MOTHER'S MAIDEN NO.		Traver	
15. V (Yes,	Nes Deceased Eve no or unknown! (If	w in U. S. Armed Forces? yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 194-09-1202	WIFE	Rt/ K	BOX 186A L	ress Upperco, Ind
	LEA	DE CONDITION DIRECTLY ADING TO DEATH	CAUSE OF DEAT	ISE acute Renalfa	Ilvere ; Blees	BETWE	346725
	heart failure, astlinjury or complic ANT DISEASES OR	mean the mode of dylng, e.g. henia, etc. it means the discostation which caused death.)  IECEDENT CAUSES  CONDITIONS, if any, giving the cause (A) stating the course (A) stating the condition is the condition of the cause (A).	(B) Septi	Semila A CONSEQUENCE OF:			10 days
CERTIFICA	heart failure, asll injury or complic ANT DISEASES OR rise to the a UNDERLYING CONTERSIGNIFICATO THE DEATH BUDISEASE OF CONTERSION OR CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING CONTRIBU	thenia, etc. it means the diseostration which caused death.)  TECEDENT CAUSES  CONDITIONS, if any, giving above cause (A) stating the condition last.  II  INTONDITION ISS.  II  INTONDITION ISS.  III  INTONDITION CONTRIBUTING UT NOT RELATED TO THE TERMINAL DITION GIVEN IN PART 1 (A).  INTONDITION SERFORMED AND THE SER	(c) meltpl	A CONSEQUENCE OF:  Intro abdomin  Los of Stratucture;  ASTERIAL TOPSYS (Yes or )  ASTERIAL TOPSYS (Yes or )	e myani	-8·	17
AEDICAL	heart failure, asliniury or complic  ANT DISEASES OR rise to the a UNDERLYING C  OTHER SIGNIFICATO THE DEATH B DISEASE OR CONI 19A-DATE OF OP  21A, ACCIDENT 1 OR CONTRIBUTIN DEATH (natify me	tenia, etc. it means the diseostration which caused death.)  TECEDENT CAUSES  CONDITIONS, if any, giving above cause (A) stating the condition last.  II  NI CONDITION I CONTRIBUTING UT NOT RELATED TO THE TERMINAL DITION GIVEN IN PART 1 (A).  ERATION 1992. CONDITION FOR WAS PERFORMED WAS UNDERLYING 1992. IC CAUSE OF dical examined 1993. IC CAUSE OF Condition (Houd) 1993. IC CAUSE OF CONDITION TO CAUSE OF CONDITION FOR CAUSE OF CAU	Commondue  (c) Multpl  Commondue  WHICH OPERATION  TRANSPORMENT  B. FLACE OF INJURY (e.g., 1)  The form, street, or	A CONSEQUENCE OF:  Intro abdomin  F & Brs duction;  ASSESSION OF DESTRUCTION;  ASSESSION OF ASSE	e myen Empeni No) 20B IF YES WER IN CERTIFYING C	E FINDINGS CON AUSES OF DEATH	17
MEDICAL	heart failure, asliniury or complic  ANT DISEASES OR sise to the a UNDERLYING C  OTHER SIGNIFICATION TO THE DEATH BI DISEASE OR CONIT 19A-DATE OF OP  21A-ACCIDENT NO OR CONTRIBUTIN DEATH (notify me  21D-TIME (M OF INJURY (APPROX.)  22. I certify that that (1) (we) los	tenia, etc. it means the diseostration which caused death.)  TECEDENT CAUSES  CONDITIONS, if any, giving above cause (A) stating the condition last.  II  NI CONDITION I CONTRIBUTING UT NOT RELATED TO THE TERMINAL DITION GIVEN IN PART 1 (A).  ERATION 1992. CONDITION FOR WAS PERFORMED WAS UNDERLYING 1992. IC CAUSE OF dical examined 1993. IC CAUSE OF Condition (Houd) 1993. IC CAUSE OF CONDITION TO CAUSE OF CONDITION FOR CAUSE OF CAU	Commondue  (c) Multpl  Commondue  WHICH OPERATION  TRANSPORT  IN PLACE OF INJURY (e.g., ione, farm, lociery, street, or ical  Ville At Not Whith At Wark  the deceased from  (1) (We) (did) (did not)	A CONSEQUENCE OF:  Intro abdomin  A Brsdvcton;  A 20A AUTOPSYT (Yes or I  A 20A DID SY (Yes or I  A 20A DID SY (Yes or I  A 21F. HOW DID IT	A SUPPLEMENT OF THE MER IN CERTIFIENCE COURT	E FINDINGS CON AUSES OF DEATH OFFE City, give exact plinlon deoth occurrence 238, DATE SIG	t location)  19 12  curred on the date



665-3060]

STATE OF MARYLAND-DHMH

W-463 BIRTH NO.	72 MED	SICAL E	EXAMINER'S C		OF DEAT	H REG. NO.	72 08296	
. NAME OF DEC	JAMES	WESLE	y > WILLARD	2. DATE Known COF DEATH Estimoted		or 8-26	Year 1972 Hour	
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	3. DATE PRONOUNCED DEAD	August	26, 197		
OR INSTITUTION	613 E. Balti	more St	reet	A. STATE Maryla:		B. COUNTY	residence befare admission)	ę
SEX	7. RACE		NEVER MARRIED	C. CITY OR TOWN Baltim	ore	D. INSIDE CITY		
Male	White	WIDOWED		E. STREET AND NUMBE		YES	NOL Y	
2. DATE OF BIRTI	lost blethde	35	Under 1 Yr. If Under 24 Hrs. onths: Days: Hours: Min.		Baltimor	e Street		
	tote or foreign country)	12.	WHAT COUNTRY?	13. FATHER'S NAME	Ut 11 and			
West Vi	Iginia PATION Glockled of work	II48, KIND O	U.S.A. FBUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN	Willard			-
one during most of w	orking life, even if retired)		, 2031.1233	Bertie				
6. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL SECURITY NO.	18. INFORMANT		ADI	DRESS 2460	5
Yes	WWII			Graham Funer	al Home,	Bluefie1	ld, Virginia	
(This does not heart follows in heart fo	E OR CONDITION DIRE LEADING TO DEATH of meon the mode of di, asthenia, etc. It meons the nplication which caused de NTECEDENT CAUSES DR CONDITIONS, IF AN E ABOVE CAUSE (A) STA NG CONDITION LAST.  II IIFICANT CONDITIONS CA ATH BUT NOT RELATED TO CONDITION GIVEN IN IT	ying, e.g., e disease, onth.)  IY, GIVING ATING THE  CONTRIBUTINO DITHE TERMINA	(B) DUE TO, OR A	AUSE Cirrhosis S A CONSEQUENCE OF: AS A CONSEQUENCE OF:	of liver			100 mm
			R WHICH OPERATION WA	S PERFORMED			21. AUTOPSY? (Yes or No)	-
O							No	
UNDERLYING UTING CA	NAL CAUSE WAS ON CONTRIB- USE OF DEATH. (Month) (Day) (Yea	hor	BPLACE OF INJURY (e.g., ne, farm, factory, street, office 22E, INJURY OCCURRED NOT WORK AT W	bldg., etc.) INJURY OCCU	DID (II In Bolitmon JR? D INJURY OCCI			_
1 cert	URE Peter	ile	Inspection Augustic, M.D.	Homicide C	CAL EXAMINER	ned manner		
24A. BURIAL CREATE REMOVAL (Special Burial	MATION, 248. DATE		24C. NAME of CEMETERY Maple Hill (		24D. LOCATION Bluefic	(City, town,		-
	30 1972 Z	7 . 25B. NAN	NE OF REGISTRAR	Howard H.			DRESS ilkens Ave. 212	29
VS 151-REV. 1/1/6	8			77296	*		1/	=



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

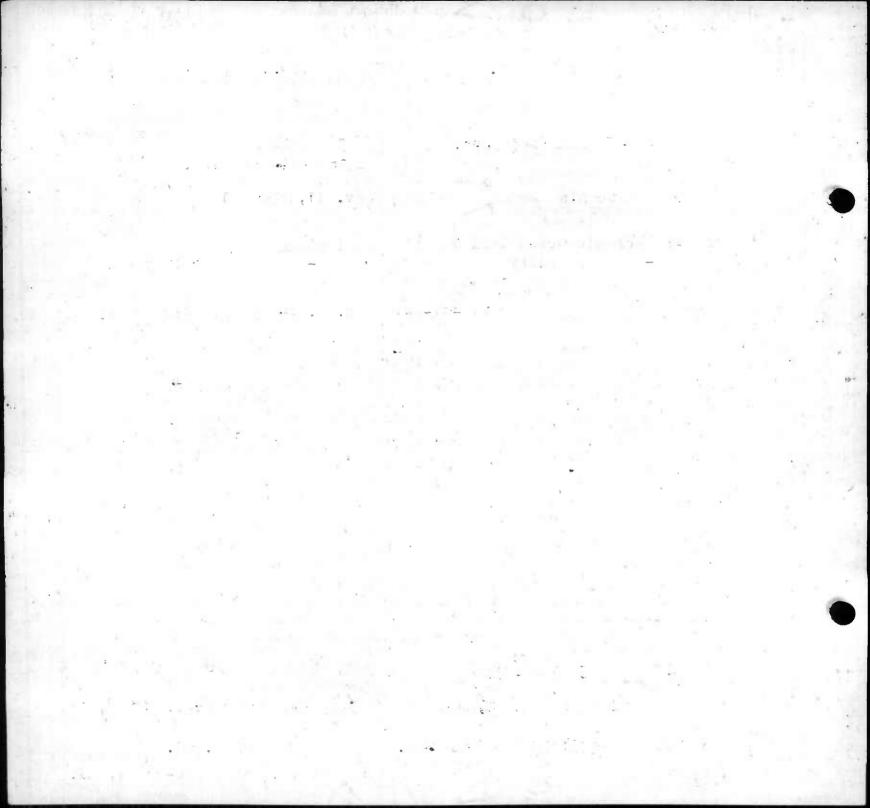
M	BALTIMORE CITY	HEALTH DEPARTMENT	70	00000
BIRTH NO. 72-130/072 08297.	CERTIFICA	TE OF DEATH	REG. NO. 72	E OF MARYLAND-DEMI
(Type or Pant)	2014	2. DATE AN	ID HOUR OF DEATH	
MEILLER, BABY  3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOL		A UGU	IST 27 197	2 11:20AM.
S. PLACE IN BALLIMONS MARILAND, WHERE PRONOC	NCED DEAD	A. STATE B. COUN	ITY .	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  INSTITUTION	JTION, GIVE STREET	C. CITY OR TOWN	BALTIMOR D. INSIC	DE CITY LIMITS?
HO ST. AGNES HOST	PITAL	BALTIMORE E. STREET AND NUMBER		YES NO X
1 . Adves 11031		910 SEDGLEY	RD.	5 311
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE CAUCASIAN WIDOWED[		07 16 72		
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	_	MARYLAND -BO	altimore	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
JOSEPH J. MEILLER		MARY (M MEN	IGERS)	
15. Was Deceased Ever in U. S. Armed Forces?  (Tes, no or unknown) (If yes, give war or dotes of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
27	SECURITY NO.	BECORDS OF S	IN & GNESCHO	BALTO., MD. 21229
NO	Vone		ENS PVLS.	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does nal mean the mode al dying, e.g., hearl lailure, asthenio, etc. Il means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il any, giving rise la the abave cause (A) stating the UNDERLYING CONDITION lost.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR V. WAS PERFORMED	(B) MWlipl DUE TO, OR AS	A CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:  20A. AUTOPST? (Tes or No. YES)	anomalies	Ringe binth  INDINGS CONSIDERED USES OF DEATH? Jumps
WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INITIATION	n or about 21 C. WHERE DID	(If In Rollimose	City, give exact locotion
OR CONTRIBUTING CAUSE OF home	e, form, factory, street, o	fice bldg., INJURT OCCUR?	p. in sommer	Sally Bus ever locollon)
2	INJURT OCCURRED	21F. HOW DID INJ	IURY OCCUP?	
			-	
22. I certify that () (this haspital) attended the that (X) (we) last saw the deceased alive an and haur and fram the causes stated above. ()	UGUST 27	1972and th	nat in (m) (aur) apln	
23A. SIGNATURE PURSUMA PRUKSAPONS. 23C. PHYSICIAN'S NAME (Type) KUSUMA PRUKSA	m.D. Atte	anding Med.	Staff Phys.	8/27/72.
23C.PHYSICIAN'S	GEGREE Phy	23D. ADDRESS RA		
NAME (Type) KUSUMA PRUKSA.	PONE M. D	CT ACHEC HOC	TO., MD.212	
	GEGREE			y, town, or county) (Stote)
	Cathedral	Cometery Bo	altimore, A	Maruland
25A. DATE REC'D BT HEALTH DEPT. 25B. NAME C	REGISTRAR	25C. FUNERAL DIRECTO	Steeling Tunera	
AUG30 1972 Duny	whom	0 1 0 0 0	736 Edmondso	
VS 150-REV. 1/1/68	F. 10	7 1 6 1 W	Catonwelle Me	

34713201 PRINT TO THE THE STATE OF THE STATE MODELIN S TOT COLUMN STUDY TO THE STUDY OF T

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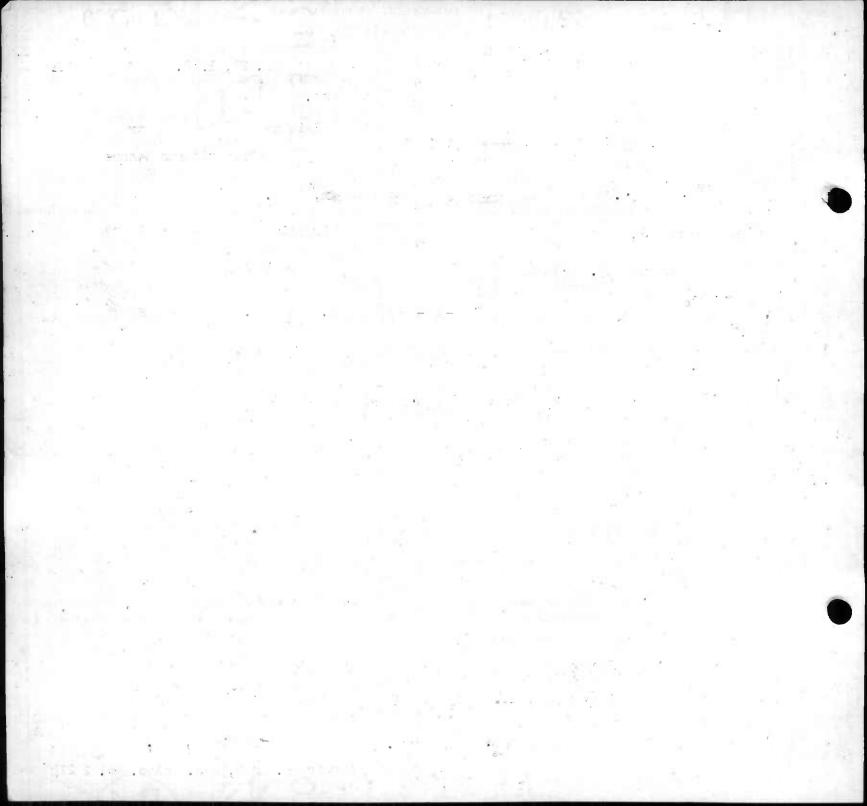
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

7	1-100	72 (	8238		HEALTH DEPARTMI	250 110	72 08298		
1000	H NO.		0 40 4	CERTIFICA	TE OF DEA		ATE OF MARYLAND-DHMH		
	AME OF DECEASE e or Print)	JOSEP	н 8	DUFF	1	ug. 28, 197	1 1		
3. 1	PLACE IN BALTIMO	RE MARYLAND, W			4. USUAL RESIDENC		If institution: residence before admission)		
HO	LL NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	Maryland c. CITY OR TOWN		INSIDE CITY LIMITS?		
	11 1	2806 Ingl	hoowe	Ave	Baltimor		YES NO		
	, 00	Jood Ingi	ewooa .	ave.	2806 Ing	aber clewood Ave.			
5. S	EX 6. R.	ACE	7. MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
n	nale d	caucasian	WIDOWED	DIVORCED [	Nov. 11,1	890 81	30,5		
		ION (Give kind of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or loreign country)	12. CITIZEN OF WHAT COUNTRY?		
TuT.	2.0			1- 0 0 . 7			USA		
13.	FATHER'S NAME			rk & Seal	14. MOTHER PARK				
	-	D	uffy		-	Sy	vlvey		
		in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	no			213-01-0210	Wm. W. I	uffy 1301 A	Airlie Wav		
	1B.4/0.	9 1		CAUSE OF DEAT		1	APPROXIMATE INTERVAL		
		R CONDITION DE	RECTLY	ANTE	Carolle.	l- 40	128		
		DING TO DEATH nean the made of	dvina e.a	MIMMEDIATE CA					
	heart foilure, osth	enio, etc. Il meons	the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:	Vest	tre		
		olian which coused ECEDENT CAUSES	deoin.)	Arres	21 - WV	ging free	06		
				(B)	A CONSEQUENCE OF				
		conditions, if bave cause (A)		0 8	Ti Milan	es deples	Last		
	UNDERLYING CO	ONDITION last.		(c) 4.000	J /vy	occur	ravery		
7		II			0	U			
TIO		NT CONDITIONS CO IT NOT RELATED TO T							
CA		TION GIVEN IN PARE		WHICH OPERATION	20 A. AUTOPSY? (Ye	es or No. 20B. IF YES. WI	ERE FINDINGS CONSIDERED		
ERTIF		WAS PER				IN CERTIFYING	CAUSES OF DEATH?		
CER	21A. ACCIDENT V	AS UNDERLYING		PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE	DID (If in Bolt	timore City, give exoct location)		
¥	OR CONTRIBUTING	G CAUSE OF	hom etc.	e, form, loctory, street, o	Ifice bldg., INJURY OC	CUR?			
010	21 D. TIME (Me	onth) (Dov) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW I	DID INJURY OCCUR?			
A.	OF INJURY (APPROX.)		Wh	ile At 🗀 Not Whi	le 🗀				
			Wo		MA	- 70 1	10 77		
		(I) (this hospital			1-		19/50		
		t saw the decease					apinish death accurred an the date		
	and hour and fram the causes stated above. (1) (We) (did) (did hat) view the bady after death.								
	23B. DATE SIGNED								
	Myon	DAWIV	Mul	RATE Phy	ending Med. Directo	r Staff Phys.	aux 38/972		
	NAME (Type)	4		1ª	23D. ADDRESS				
		Dr. Donal	d W. M	intzer DEGREE	3009 Ev	ergreen Ave	e., Balto, Md.		
24A	BURIAL CREMAT	ION, 24B, DATE	24C. N	ME of CEMETERY OF CR		24D. LOCATION	(City, town, or county) (Stote)		
F	Burial		72 Mor	eland Mem.		Balto. M	ld .		
	DATE REC'D BY	HEALTH DEPT.	258 NAME C		25C. FUNERAL DI		ADDRESS		
AL	JG30 1972	Traver	AN AL	200	Leonard	J. Ruck, Ir.	nc-Balto, Md.		
VS	150-REV. 1/1/68			Fig. Ld.					



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any Kind; (4) Undefermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be the body was released	shows: (1) An accident was D.O.A. at a hospit	deceased prior to deat written approval must

1	7:622 72	08239		HEALTH DEPARTMENT	REG. NO.	72 08299
	TH NO.		CERTIFICA	TE OF DEATH	STA	
	pe or Print) CRACE	Marten GOR	SUCH		. 27, 1972.	1 8130 A- M
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCE	D DEAD		ere deceased lived. If i	institution: residence before odmission)
FU HC	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION	I, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	2904 Gibbon	s Asrenije		Baltimore  E. STREET AND NUMBER		YES P NO
(	00 2,04 0100011	3 101140		E. SIREET AND NUMBER	2904 Gibbon	ns Avenue
5. 5	Female 6. RACE White	7- MARRIED N	EVER MARRIED DIVORCED	June 1894.	9. AGE (In years lost birthdoy) 78	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	USUAL OCCUPATION (Give kind of work e during most of working life, even if retired) Housewife	108. KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (Stote or for Virginia	eign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	1
	Samuel M. Selo			Emma E	land	
15. (Ye	Was Deceased Ever in U. S. Armed For s, no or unknown) (If yes, give wor or date	s of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	21	8-10-9976	Mrs. Jane	W. Shepare	d same
ATION	heort foilure, osthenia, etc. It means injury or complication which coused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  11  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE	any, giving stoting the	(B) Hypartion DUE TO, OR AS (C)	and Anteria Solera	In Heart Du	20iga
ERTIFICA	19A. DATE OF OPERATION 19B. CON WAS PER	DITION FOR WHIC	H OPERATION	20A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CER	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)		CE OF tNJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltima	ore City, give exact location)
MEDIC	21 D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)	(Hour) 21E, tNJI While At Work	JRY OCCURRED  Not While At Work	21F. HOW DID IN	JURY OCCUR?	
	22. I certify that (1) (this hospital	) ottended the de	ceosed from	Several years -	.19to	19
	that (I) (we) lost saw the decease	d olive on	2-3 mmth,	19and t	hot In (my) (our) op	inion deoth occurred on the dote
	and hour and from the causes state	ed obave. (I) (We	e) (did) (dld not) v	iew the body ofter death.	•	
	23A. SIGNATURE		Atte	ending Med.	Staff	23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	270 V. CF/	DEGREE Phy	23D. ADDRESS	Filod Botto	8-28-72 md may
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME	DEGREE of CEMETERY OF CR	1200	LOCATION (	City, Iown, or county) (Stole)
	Burial 8/30/	72 More	Land Mem.		altimore,	
254	A. DATE REC'D BY HEALTH DEPT.	258. NAME OF RE	GISTRAR	Zeonard J J		ADDRESS
VS	AUG3 0 19/2 / 150-REV, 1/1/6B	They was	PARA LA	) Louisia de J.	Juck, Ille. I	Balto. Md. 21214



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11	VIAN			BALT	IMORE CITY	HEALTH DEPART	MENT		72	08301	
В	RTH NO.	72	0830	1 CER	RTIFICA	TE OF DE	ATH	REG. NO	- A 11   D	YLAND-DHNH -	
1.	NAME OF DECEA	SED	110			2		STATE	, 00	15.0	
	IVI	OKKIS	YITT	FE (M	AURICE	A. YOFFE)	4	3/26/	72	7 700 M	
3.	PLACE IN BALTIA	MORE MARYLAND	WHERE PRO	NOUNCED DEA	D	4. USUAL RESIDE	B. COUN	deceased lived. 11	institution; resid	dence before admission)	
FI	ULL NAME OF	(IF NOT IN HOS	PITAL OR INS	TITUTION, GIVE	STREET	MO.			-	231	
lik	ISTITUTION		C. CITY OR TOWN D. INSIDE CITY LIMITS?								
11	SINAL		BALT E. STREET AND N	IMORE		YES	NO 🗌				
	,	NC.	1621	2 4	1-DRYA	211/1	1 80				
5.	SEX 6.	RACE	7- MARRI	ED LINEVER N	ARRIED 🗍	8. DATE OF BIRTH	1 / 5 / 0 5	% AGE (In veors	If Under 1	Yr., If Under 24 Hrs.	
	MALE	WHI	TE WIDOW	ED DIV	ORCED	<b>光水なXXXXXXX</b>	XXXXX	67 VX **	Months Do	oys Hours Min.	
10.	A. USUAL OCCUPA	ATION (Give kind of v	rork 108, KIND	OF BUSINESS C	R INDUSTRY	11. BIRTHPLACE (S	tote or forei	gn country)	12. CITIZEN	OF WHAT COUNTRY?	
	CUTTER	and me' and a tellie		OTHING		BALTIM	ORE. M	ARYLAND	USA		
13.	FATHER'S NAME				14. MOTHER'S MA			COA	-		
	BENJAMIN	YAFFE				YETTA SI	HERMAN				
15.	Was Deceased Every son or unknown) (If	er in U. S. Armed	Forces?	16. SOCIAL		17. INFORMANT			ADDRESS		
	NO	, ou, give wer or e	oles of selvic	213-03-		MDC EDED	A VATT	E 4204 ta	DAVID TAXIONA	DD #004045	
	18.///	9			E OF DEATH	FIRS FREDI	A IAFF	E, 4204 LA		RD. ##21215	
	SETIMEN ONSET AND DEATH										
	LEADING TO DEATH  (A)IMMEDIATE CAUSE										
	heart failure, asthenia, etc. It means the disease,										
	ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTERIOSC LEROTIC HEART OISESC										
	DISEASES OR CONDITIONS, il any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:										
	rise to the above cause (A) stating the										
	CONDITION last, (C)										
Z	OTHER SIGNIFICA	NI CONDITIONS C	ONTRIBUTION	G							
₩ Ā	TO THE DEATH B	UT NOT RELATED TO	THE TERMINA	\L							
CERTIFICATION	19A. DATE OF OP	ATION	20A. AUTOPSYZ	Yes or No	208, IF YES, WERE	FINDINGS CO	NSIDERED				
ERI	21A. ACCIDENT	WAS UNDERLYING	ERFORMED			N	0	IN CERTIFIENC CA	USES OF DEA	.ти7	
11	OR CONTRIBUTIN	GI I CAUSE OF	lh lh	ome, form, facto	NJURY (e.g., in ry, street, offi	or about 21 C. WHEI	C CU R?	(If In Boltimo	re City, give ex	oct location)	
MEDICAL		onth) (Doy) (Yea									
ME	OF INJURY	onan (Doy) (1eo		Nhile At	Not While	21F. HOW	DID INJU	RY OCCUR?			
			1	Nork L	At Work						
	22. I certify that (4) (this hospital) attended the deceased from \$/25 19 72 to \$/26 1972										
	that (4) (we) last saw the deceased alive on 2/26 19 72 ond that in (my) (aw) opinion death occurred on the date										
	and hour and from the causes stated abave. (1) (We) (did) (did set) view the body after death.										
	112	1 2	11.000	1. N	1D. Atten	dina - Mad			23B, DATE SI	GNED	
	23C. PHYSICIAN'S	10	ups	me "	DEGREE Phys.	Direct	or L P	haff hys.	11	26/12	
	23C. PHYSICIAN'S NAME (Type)	1 5	(alo)	LING	811	D. ADDRESS 5/	NAI	HOSP.	BAI	TMA	
244	BURIAL CREMAT	ION, 24B, DATE	110/	NAME ALCEM	DEGREE				1000	3. , 10/12	
	REMOVAL (Speci			NAME OF CEME			24D. LO		ily, town, or co		
25A	BURIAL DATE REC'D BY	8/28/7		THEL ME				NDALLSTOWN,			
	AUG30	1079	relieus.	bashers	The same	SOI LEVIN		BROS 601		ERSTOWN ROAD	
VS	150-REV. 1/1/68	1412 / 0,	1		7 21 [	4 4	130.1 M	2,00,	-0 10101	ZIWIOIII IOIID	

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

7	BALTIMORE CITY	HEALTH DEPARTMENT	72	08302				
	02 CERTIFICA	TE OF DEATH	REG. NO. STATE OF	MARYLAND-DEED				
T. NAME OF DECEASED (Type or Print) FINE, JACK	) JACOB	8	ND HOUR OF DEATH	159A M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	OUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A, STATE B. COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	MARYLAND	C	1150				
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CIT					
Levindale Hebrew 6	- eriatric	BALTIMORE	YES	NO				
9 Center and Hospit	2.1	5930 GREENMEADOW PKWY. #21209						
s. sex 6. RACE 7. MARRI male white WIDOW		8. DATE OF BIRTH 7-17-05	9. AGE (In years lift Ur Mont)	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.				
IOA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 12. C	TITIZEN OF WHAT COUNTRY?				
done during most of working life, even if retired)  CLERK  GOVE	RNMENT	BALTIMORE,	MARYLAND	USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME					
LOUIS FINE		GERTRUDE SUS	SMAN					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) life yes, give wor or dates of service.	1 6. SOCIAL	17. INFORMANT	1326 FARMDA	ADDRESS TE CT				
NO	e) SECURITY NO.	MRS POLLY TIME	LE SI. S. FLORIDA 33936					
18. 2 // Y	CAUSE OF DEAT		12, LETTON ACKE	APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY		of the same of the		BETWEEN ONSET AND DEATH				
LEADING TO DEATH	(A) IMMEDIATE CAL	ice & Numme	44	1 week				
(This does not mean the mode of dying, e								
heart failure, asthenia, etc. It means the disea injury or camplication which caused death.)	50,	1 /	- 1					
ANTECEDENT CAUSES	(1 m. :	leve his / al	web Solo	(-1.				
DISEASES OR CONDITIONS, if any, giv	DUE TO, OR AS	A CONSEQUENCE OF:	o o cosc	77				
rise to the obove couse (A) stating								
UNDERLYING CONDITION last. (C)								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN								
DISEASE OR CONDITION GIVEN IN PART 1 (A).	-00000000000000000000000000000000000000	20A. ALITOPSY? (Yes or N	o) 208. IF YES, WERE FINDIN	GS CONSIDERED				
WAS PERFORMED			IN CERTIFYING CAUSES C	OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCUR?	(If in Boltimore City,	give exoct locotion)				
	21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?					
(APPROX.)	While At Not While At Work							
WORK AT WORK								
22. 1 certify that (1) (this haspital) attended	(// >//	72	1960 10	1 26 19 /2				
that (1) (we) last saw the deceased alive of	,		hat in <del>(my)</del> (aur) apinian d	learn accurred an the date				
and have and fram the causes stated abave	(t) (We) (did) (did (did (did (did (did (did (d	vlew the bady after death.						
23A. SIGNATURE	160	23B. DATE SIGNED						
John God	1 12 DE GREE Phy	ending Med.  Director	Shaff Phys	0/06/10				
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS						
24A. BURIAL CREMATION, 24B. DATE 24G	DEGREE	EMATORY 24D.	LOCATION (City, tow	n, or county) (State)				
REMOVAL (Specify)								
	PETACH TIKVAH		SEDALE, MARYLAND	ADDRESS				
AUG30 1972 Sidney	AE OF REGISTRAR	SOL LEVINSON	& BROS.,6010 RE	ISTERSTOWN ROAD				
VS 150-REV. 1/1/68								

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and, the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1/	BALTIMORE CITY	HEALTH DEPARTMENT	P	72 08303					
K-52/ 72 08303	CERTIFICA	TE OF DEATH	REG. NO	מונות מונו מונו מונוים					
T. NAME OF DECEASED (SOL) SOLOMON (Type or PSI) AUL (SOL)	KOENIGSI	BERG THURS	AUG. 2	4/2+ 1#1 m.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY		stitution: residence before admission)					
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		MARYLAN, C. CITY OR TOWN		IDE CITY LIMITS?					
6905 PARK HEIG	HTS AVE	BALTIMOR	E	YES NO [					
00		E. STREET AND NUMBER	RAY TOP	WE					
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.					
MALE WHITE WIDOWED X	DIVORCED	1/29/1895	77	Monns Doys Hours Will.					
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?					
SALESMAN CLOTH	INC	BALTIMORE, MAR	YLAND	USA					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
DAVID KOENIGSBERG		CARRIE ?							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS #21209					
YES W.W. I		MR. AARON KOENIG	SBERG. 280						
18.4/0/9	CAUSE OF DEATH			APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		mynam	HalInFa	ertion					
This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUS	SE A CONSEQUENCE OF:							
heart failure, asthenia, etc. II means the disease,	DOE 10, OR AS A	er 10 se lus							
ANTECEDENT CAUSES	Tools								
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	EQUENCE OF:						
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	/								
II	UNDERLYING CONDITION lost, (C).								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B, PL.	ICH OPERATION		208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?					
	ACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Boltimo	re City, give exact location)					
OR CONTRIBUTING CAUSE OF home, etc.)	torm, toctory, street, off	ice bldg., INJURY OCCUR?							
	JURY OCCURRED	21F. HOW DID INJURY OCCUR?							
While Work	At Not While	vile \							
22. 1 certify that (1) (this hospital) attended the	decrased from	3/ 19	7/ 10	8 1972					
that (1) (we) last saw the deceased alive an 7	125/72	. /		nion death occurred on the date					
and hour and from the causes stated above. (1) (414) (did not) view the body ofter death.									
	e) (the) (did not) vi	ew the body offer deoth.	V						
23A. SIGNATURE	(did not) vi	ew the body offer deoth.	7	23 B. DATE SIGNED					
	Atter	nding Med. St	raff D	23B. DATE SIGNED 8/24/72					
23A. SIGNATURE  23C. BAYSICIAN'S  THE THE PROPERTY OF THE PROP	OEGREE Phys	nding Med. St							
23A. SIGNATURE Flummer	OEGREE Phys	Med. St.							
23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  HARVE FEVERMAN  24A. BURIAL CREMATION, 24B. DATE  124C. NAME  124C.	OEGREE Phys	Med. Sincetor Ph	nys. 🗀						
23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  HARVE FEVERMAN	OEGREE Phys	Med. Director Ph	nys. 🗀	8/24/72					
23A. SIGNATURE  23C. BHYSICIAN'S NAME (Type)  HARVE FEVERMAN  24A. BURIAL CREMATION, 24B. DATE  24C. NAM REMOVAL (Specify)	OEGREE Phys  OEGREE  OEGREE  OEGREE  OEGREE	Med. Director Ph	nys. 🗀	8/24/72					

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-						*** 00001			
5-534	ריי ד	0.000	BALTIMORE CITY	HEALTH DEPARTMENT	V	72 08304			
BIRTH NO.	12	0030	4 CERTIFICA	TE OF DEATH	REG. NO.	OF MARYLAND-DHMH			
1. NAME OF DEC	EASED				ND HOUR OF DEATH				
(Type or Print)	ILDRED SA	ENTOR	1	3/	28/72	2100			
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WHA, STATE B. COU	ere deceosed lived. II	institution: residence before admission)			
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN		1 RUMPE			
	7			BA GLEN B	HRHIE D. IN	YES NO NO			
44	BONSECON	1KS H	485P,	E. STREET AND NUMBER		YES NO NO			
				1218 WIL	SON RO	5200			
5. SEX	6. RACE	WIDOWED		8. DATE OF BIRTH 3/15/21	9. AGE (In years lost birthdoy)	Il Under 1 Yr. Il Under 24 His. Months! Doys Hours Min.			
done during most of t	working life, even if relired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or los	eign country)	12. CITIZEN OF WHAT COUNTRY			
CET, US,				TEMM.		0.5			
13. FATHER'S NAM				14. MOTHER'S MAIDEN NA					
	TER D. A		-R	JOSEPH	THE HA	RTMAH			
15. Wes Deceased (Yes, no or unknown)	Ever in U. S. Armed For Ill yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	HENTON	218 NILSON RO			
YES	1944 - 1953		408-24-824		erie, mp				
18.	-7-44 -775		CAUSE OF DEATH		crie, pip	APPROXIMATE INTERVAL			
DISEAS	E OR CONDITION DI	ECTIV	or or burn			BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	CCILI		Milasta	In' Ca				
(This does n	(This does not mean the mode of dying, e.g.,								
hearf failure,	heart failure, astheria, etc. Il means the disease, injury or complication which caused death.)								
		Topol							
	INTECEDENT CAUSES		(B) CCC	July (	17-14-0	22			
rise to the	R CONDITIONS, if above cause (A) CONDITION lost	any, giving slaling the	(C)	A CONSEQUENCE OF:					
			(C)						
OTHER SIGNIFI	II CANT CONDITIONS CO	NTRIBUTING			3				
IO THE DEATH	H BUT NOT RELATED TO THE	TETERMINAL	***************************************	***************************************		***************************************			
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A-DATE OF 21A-ACCIDEN	OPERATION 198 CON WAS PERF	DITION FOR Y	VHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
U 21A. ACCIDEN	T WAS UNDERLYING	21B	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	/// to Relitera	re City, give exact location)			
OR CONTRIBUTED DEATH Inoffy	TING CAUSE OF medical examiner	hom etc.)	e, form, lactory, street, of	ice bldg., INJURY OCCUR?	hi iu poliimo	re City, give exect locotion)			
OF INJURY	(Month) (Doy) (Year)	(Hour 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?				
[APPROX.]		Whi	le At  Not While						
22. I certify	that (1) (this hospital		e deceased from		.19ta	19			
that (i) (we)	last saw the decease	d alive an		19ond ti	hot in (my) (qur) api	nion death occurred an the date			
and haur and	fram the causes stat	ed obove. (I)	(We) (did) (did not) vi	ew the body ofter death.	,, , , , , , , , , , , , , , , ,	decine da dir inte dalle			
23A. SIGNATUR	RE N		h // ail	ow the body offer dedition		23B, DATE SIGNED			
901	1. 6	KN	Y Atter	ading ET Mad ET SUR by					
23C. PHYSICIAN	my .	-/"	DEGREE Phys.		Phys.	8-28-72			
NAME (Ty	pe)			3D. ADDRESS	,				
4A. BURIAL CREA	ATION DUE OFFE	10.00	DEGREE						
REMOVAL (S	pecily)		ME of CEMETERY OF CRE	MATORY 24D. I	OCATION (C	ity, town, or county) (Slote)			
Burial	31 Aug.	72 Wood	dlawn Cemetery	r	Nashville:	Tennessee			
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME O	F REGISTRAR	2SC. FUNERAL DIRECTO	2	ADDRESS			
VIC30	1972 Drew	winn	ON ON O	Alrkiey Funer	al Home, Gle	n Burnie, Md.			
/S 150-REV. 1/1/6	8	1							

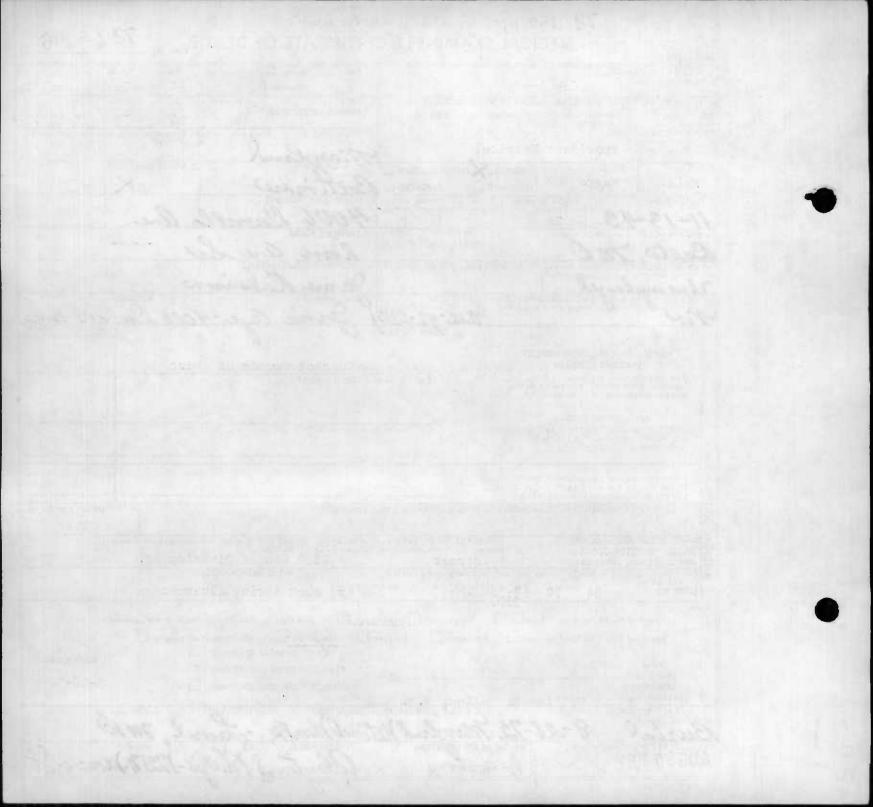
 $72\,\,08305\,$  baltimore city health department

72 08205

BII	ITH NO.	WEI	DICAL EX	AMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO	1/2	. 00300
1.	NAME OF DEC	EASED Richard Vanl	norst		2. DATE OF DEATH	Knawn 221X Estimoted	Manth 8	28	72	Haur M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE		Month	Doy	Yeor	Hour '
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION				PRONOUNCED DEAD 8 28 72 5:50 p  5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)					
	00	2502 Elsino			A. STATE	id.		B. COUNTY	1	538
MARKIED LINEVER MARKIED				C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?						
	male	Negro	WIDOWED					YE	s 🗌	NO .
	DATE OF BIRTH	last birthd		ler 1 Yr. If Under 24 Hrs. s; Doys; Haurs; Min.		ND NUMBER 502 Elsin	ore Av	enue		
14	Ambe	tate or faceign country)	/ 1/	TIZEN OF HAT COUNTRY?	13. FATHER	muel	1/4	n Ho	st	
doi	USUAL OCCU	PATION (Give kind of yor prking life, even if refired)	14B. KIND OF B	USINESS OR INDUSTR	Y 15. MOTHER	MAIDEN NAM	Ila	A		
		ED EVER IN U.S. ARME (If yes, give war or date:		17. SOCIAL SECURITY NO.	18 INFORM	land 1/a	n Horo	AL	DRESS	
	19.41	EL.		CAUSE OF DEA	TH'	122 11 800	2 1 1			PROXIMATE INTERVAL
		E OR CONDITION DIR	ECTLY			c cardiov	ascula	r disea	se	TEN ONSET AND DEATH
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)									
CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (c)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL									
		ATH BUT NOT RELATED TO CONDITION GIVEN IN								
CERT	20A. DATE OF	OPERATION 20B. CO	NDITION FOR V	HICH OPERATION W	AS PERFORM	ED				PSY? (Yes or Na)
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obaut 22C. WHERE DID (if in Boltimore City, give ex hame, farm, factory, street, office bldg., etc.) INJURY OCCUR?									T KAT
Σ	OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK  AT WORK									
	Certify that I held an Inquiry   Inspection   Autapsy   and that an this basis, death in my opinion resulted from: Netural causes   X   Accident   Suicide   Hamicide   Undetermined manner      CHIEF MEDICAL EXAMINER   DATE SIGNED									
	SIGNATURE M.D. ASSISTANI MEDICAL EXAMINER SIGNATURE SIGN									
	A. BURIAL CREA MOVAL (Specif	ype) MATION, 248. DATE		NAME of CEMETERY			LOCATION		or county	(State)
25	Temor A. DATE REC'D	al 8/38	258. NAME.	OF REGISTRAR	25C. F	UNERAL DIRECTO	Unos QQ	1 Trans	DDRESS	. ( )
		AUG30 1972	Grids	eylarhost	P.	rest to	·Loc	hos.	1304	M. Conbil.
VS	151-REV. 1/1/68			14.	(	10		0		1

white or the same

VS 151-REV. 1/1/68



1	BALTIMORE CIT	Y HEALTH DEPARTMENT 72 (8307
1	72 08207 CERTIFICA	ATE OF DEATH REG. NO. OF MARYLAND-DHMA
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	ype or Print) SMITH, LAURETTA MAE	AUGUST 25, 1972   3:20 A.M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B, COUNTY
	IIII NAME OF HE NOT IN HOSPITAL OR INSTITUTION GIVE STREET	MARYLAND 2047
Hill H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	ST. AGNES HOSPITAL	BALTIMORE YES NO
	10	190 S. KOSSUTH ST. 21229
-	SEX   6. RACE   7. MARPHED   NEVER MARPHED	B. DATE OF BIRTH 9, AGE (In years If Under 1 Yr., If Under 24 Hrs.
	FEMALE NEGRO WIDOWED DIVORCED	12/05/12   last birthdoy) 59   Manths Days Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		MARYLAND U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JAMES DOUGHERTY	MARY (MINNIS)
) 5 (Y	Was Deceased Ever in U. S. Armed Farces?  es,na ar unknawn) (If yes, give war or dates of service)  1 6. SOCIAL SECURITY NO.	ST. AGNES RECORDS  BALTIMORE, MARYLAND 21229
	18. CAUSE OF DEA	TH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY / Mas	sive scale loses Shis
	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,	AUSE S A CONSEQUENCE OF:
	heart failure, asthenia, etc. Il means the disease.	er secolosis, prosi-
	ANTECEDENT CAUSES	le Protie 24 hs_
	(8)	IS A CONSEQUENCE OF.
	HALDERI WING COMPITION !	tydro con -
	UNDERLYING CONDITION lost, (C)	A allotus
1 2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	also de eronory attempolerosis
ATI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
Paricio	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
14.	J 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF hame, farm, foctory, street, etc.)	, in or obout 21 C. WHERE DID (If in Baltimore City, give exact location) affice bldg., INJURY OCCUR?
1	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	2) F. HOW DID INJURY OCCUR?
3	(APPROX.) While At Not Will At Work	
	22. I certify that (A) (this haspital) attended the deceased from	AUGUST 24, 19 72, AUGUST 25, 19 72
	that (N (we) last sow the deceased alive on AUGUST 25	2 19 72 and that in kn/k) (our) opinion death accurred on the date
	and haur and fram the causes stated abave. (1) (We) (did) (XiX XaX)	
	23A. SIGNATURE (Soles )	23B. DATE SIGNED
		thending Med. Shaff Phys. 08 25 72
	23C. PHYSICIAN'S	23D. ADDRESS
	LOSE APTER MD. DEGRE	CATON & WILKENS AVENUE
2	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF C. REMOVAL (Specify)	
-	Burial 8-28-72 (Enlas) W	el Baltimare, MN
2	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	2sc. FUNERAL DIRECTOR ADDRESS Phillips of merse Home - 1221-27 n. Mouve &
	AUG30 1972 Sidney # 17 18 18	Phillips francial Home - 1221-27 n. Moure &
V	S 150-REV. 1/1/68	

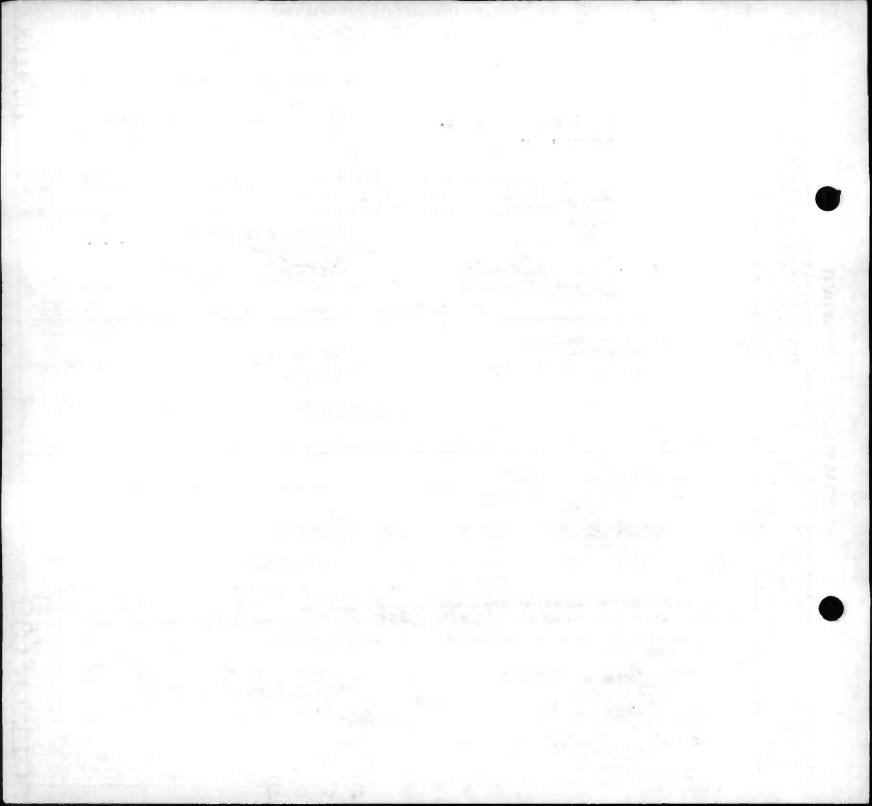
A CARLES AND A CAR

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글바이다. 성급성기를 존대하여

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

117		HEALTH DEPARTMENT		72 08308
W-426 72 (8%)	CERTIFICA	TE OF DEATH	REG. NO	
I. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	OF MARYLAND-DHAM
(Type or Print) WALKER, L(	DUVENIA	812	4/72	1 2:50 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR	MICHIGAN AND ADDRESS			2002
HOSHTAL OR ADDRESS OF LOCATION 260U Liberty H	INSTITUTION, GIVE STREET	C. CITY OR TOWN	ID TATE	IDE CITY HAITES
		BACTIMORE	0. 1143	YES NO
PROUDENT HOSPIT	£1215	E. STREET AND NUMBER		TES A NO L
I really Hostin		2110 W.VIN	+ ST	
5. SEX  6. RACE      7. MAI	RRIED NEVER MARRIED	S. DATE OF BIRTH	O AGE tile woote	If Under 1 Yr., If Under 24 Hrs.
( Coleanex wind	OWED DIVORCED	6-29-41	lost birthday 3/	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KII	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IStole of fore	gn country!	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		SOUTH C	A MILLARD	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		U.S.A.
Julius) 13	gier	Hatteo,	Vaugh	la .
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [lif yes, give war or doles of set	1 6. SOCIAL	17. INFORMANT	11	ADDRESS
tres, no or unknown) at yes, give war or doles of sel	2/3-36-7442	In coins 1	1116	CA 1.7
118.	CAUSE OF DEATH		LIMION WA	UKER-SAME
DISEASE OR CONDITION DIRECTLY		•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH		CENTERE KI	on a concin	
(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAU		STOAL WOSE	7245
heart failure, asthenia, etc. It means the dis injury or complication which caused death.)	seose,	Stille	DEHUPRATIC	DA T
ANTECEDENT CAUSES	1 10	DIABETE	COMA	2 month
	(B)	A CONSEQUENCE OF:	4 heles pre	of 4 pags
DISEASES OR CONDITIONS, if any, and ise to the above cause (A) stating	giving DOE 10, OK AS	A CONSEQUENCE OF		
UNDERLYING CONDITION last	(c)	*****	-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	TING			
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL			
19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19R. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING!	Color Salara	No	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., ir home, form, factory, street, of	or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
DEATH (notify medical examiner)	elc.)	in sour occor.		
21D.TIME (Month) (Doyl (Yearl (Hour)	215 INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
E (APPROXI	White At Not White		. )	
	TOOK - NI TOOK	(2:00	p.m.	(3:589.19
22. I certify that (1) (this hospital) atten		8/24/72	9 12 10 1	124 ( 19/2
that (1) (we) lost saw the deceased alive	on 8/24/72 (3.4)	72 and the	at in (my) (our) opi	nion death accurred on the dote
		ew the hady after death.		
and hour and from the causes stated abo	ve. (i) (me) (did) (did not) vi			
and hour ond from the causes stated abo 23A. SIGNATURE	ve. (I) (πe) (did) (did not) vi	and the body and account		23 B. DATE SIGNED
23A. SIGNATURE	AL M.O Atte	ding Med.	Staff P	8/2W 72
23A. SIGNATURE  Ma. Una V marg  23C. PHYSICIANS	Ather	ding Med. Director	Phys.	8/24/72
23A. SIGNATURE  Ma. Elms V - marzy 23C. PHYSICIAN'S NAME (Type)	Ather	ading Med. Director D  3D. ADDRESS PROVIDE	Staff Phys. DENT HOSP	8/24/72 ITAL
23a. SIGNATURE  Ma. Elms V marzy 23C. PHYSICIAM'S NAME (Type)  MA. ELENA V MAN	LAY MP	Adding Med. Director D  3D. ADDRESS PROVIDE  2600 LIBERTY	Phys. CJ DEINT HOSP HCTS. BA	8/24/72 1TAV -40. +10 21215
23a. SIGNATURE  Ma. Elms V marzy 23C. PHYSICIAM'S NAME (Type)  MA. ELENA V MAN	DEGREE Phys  LAY P DEGREE  4C. NAME of CEMETERY of CRE	Adding Med. Director D  3D. ADDRESS PROVING  2600 UBERTY  MATORY   240. LC	Phys. CJ DEINT HOSP HCTS. BA	8/24172 ITAL
23A. SIGNATURE  Ma. Clin V marg  23C. PHYSICIAN'S NAME (Type)  MA. ELENA V MAN  24A. EURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  Surial  8/29/72	DEGREE Phys  LAY P DEGREE  4C. NAME of CEMETERY of CRE	Adding Med. Director D  3D. ADDRESS PROVIDE  2600 LIBERTY	Phys. CJ DEINT HOSP HCTS. BA	8/24/72 1TAV -40. +10 21215
23A. SIGNATURE  Ma. Clin V marg  23C. PHYSICIAN'S NAME (Type)  MA. ELENA V MAN  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  Burial  8/29/72	Affer Physics Affer Physics Affer Physics AC, NAME of CEMETERY of CRE	Adding Med. Director D  3D. ADDRESS PROVING  2600 UBERTY  MATORY   240. LC	Phys. CJ DEINT HOSP HCTS. BA	8/24/72 17AV -40.710 21215 Ty, lown, or county) (State)
23A. SIGNATURE  Ma. Clon V marg  23C. PHYSICIAN'S NAME (Type)  MA. EUENA V MAN  24A. BURIAL CREMATION. 24B. DATE  REMOVAL (Specify)  Burial  8/29/72	Affer Physics Affer Physics Affer Physics AC, NAME of CEMETERY of CRE	Ading Med. Director D  3D. ADDRESS PROVIDE  2600 LIBERTY  MATORY 24D. LG  WATORY B	Phys. CJ DEINT HOSP HCTS. BA	8/24/72 17AV -(40. +10 2/2/5) ty, town, or county) (State) -(5)
23A. SIGNATURE  MA. FUN V MANY  23C. PHYSICIAN'S NAME (Type)  MA. EUENA U MANI  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  Burial \$/29/72	Affer Physics Affer Physics Affer Physics AC, NAME of CEMETERY of CRE	Ading Med. Director D  3D. ADDRESS PROVIDE  2600 LIBERTY  MATORY 24D. LG  WATORY B	Phys. CJ DEINT HOSP HCTS. BA	8/24/72 17AV -CO. +10 2/2/5 ty, lown, or county) (State) 



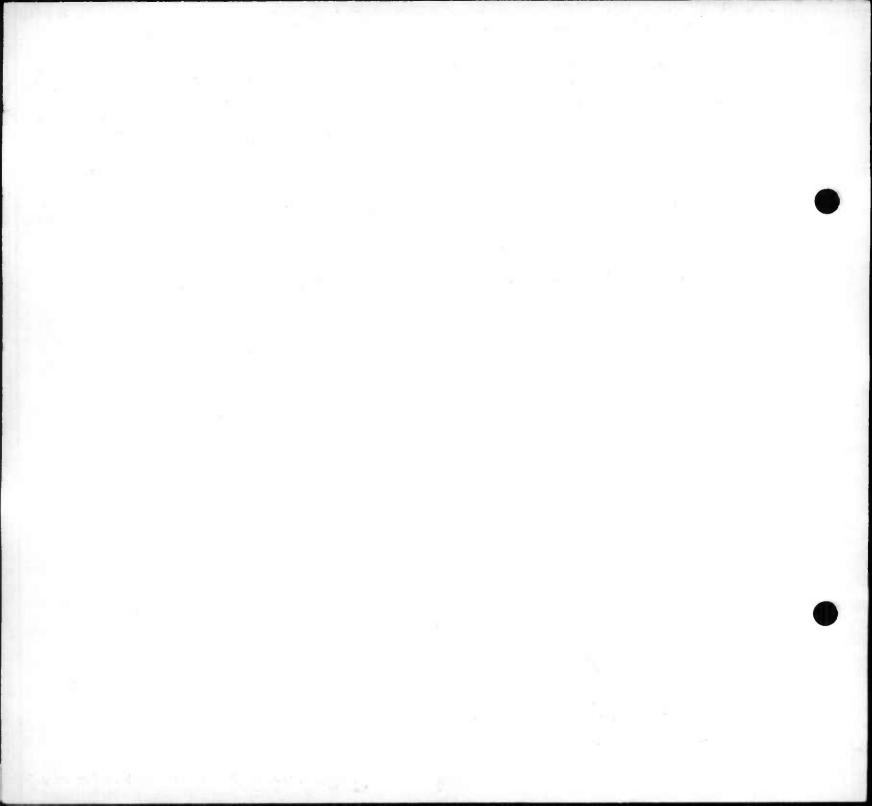
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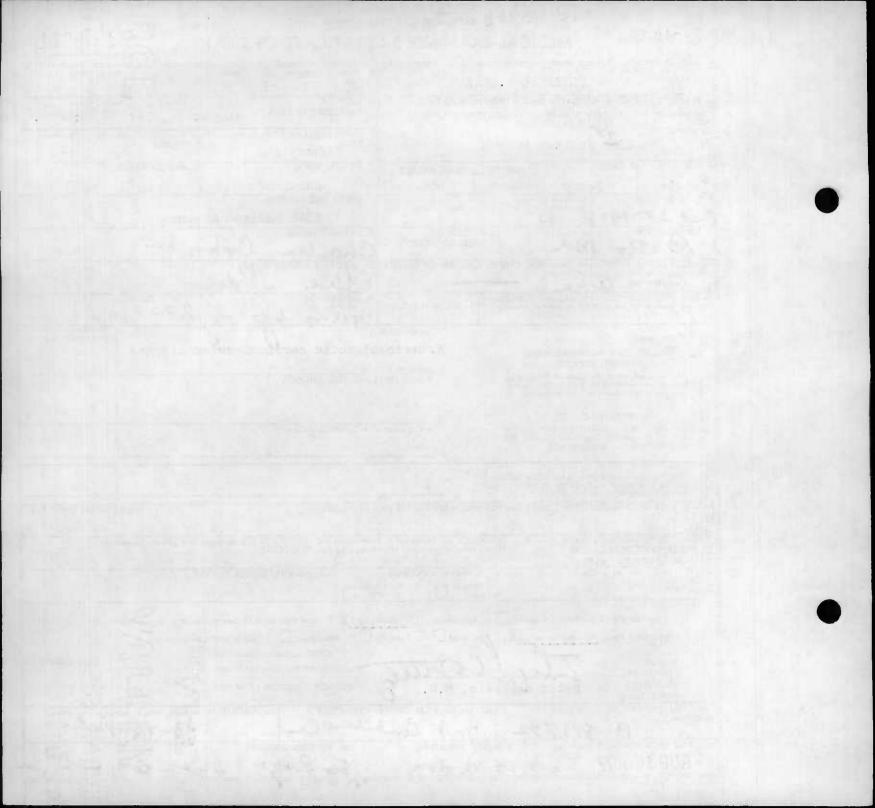
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Lilly & Lotler Inc. 1901-07 Austern Ave.

K	<b>3-635</b> 72 083.	10	HEALTH DEPARTMENT TE OF DEATH	REG. NO	72 (8310
1,	RTH NO.  NAME OF DECEASED  ype or Print)	/ / T	2. DAJE AN	D HOUR OF DEATH	F MARYLAND-DHMH
	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		8 /.	28 118	stitution: residence before admission)
111	ULL NAME OF UF NOT IN HOSPITAL OR IN OSPITAL OR ADDRESS OR LOCATION) STITUTION	STITUTION, GIVE STREET	C, CITY OR TOWN	Chester	Street DE CITY LIMITS?
	4		BALAMONE () E. STREET AND NUMBER	near fand	YES NO NO
-	SEX 6. RACE 7. SEADD				1607
	Male Blant WIDOW		1-22-20	9. AGE (In years lost birthdoyl	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
qq	A. USUAL OCCUPATION (Give kind of work 10B, KIND ne during most of working life, even if retired)  ABORBR	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
15	Wos Decosed Ever in U. S. Armed Forcy's? es, no or unknown) [lif yes, give wor or doles of servi-	16. SOCIAL	17. INFORMANT	1, Bessie	ADDRESS
	es, no or unknown/ (if yes, give wor of doles of service	214-05-1412	GLADYS GOK	200N 29	21 WINCHESTERS
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying,	(A) IMMEDIATE CAU	SE Respiratory	Failure	
	heart lailure, asthenia, etc. It means the diser injury ar complication which caused death.)	ase,	TOTAL CONTROL OF		
	DISEASES OR CONDITIONS, if any, give	(B) DUE TO, OR AS	A CONSEQUENCE OF:	Carcinona	Lung
	rise to the above cause (A) stoling UNDERLYING CONDITION last.		***************************************		
NOIL	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAL			
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE !	INDINGS CONSIDERED JSES OF DEATH?
CALCE		21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(It in Boitimer	e City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Yeot) (Hou) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At Not While Work  Not Work		URY OCCUR?	
	22. I certify that (1) (this hospital) attended	ed the deceased fram Cu.	quat 25 1	9 22 to Qu	
	that (1) (we) ast saw the deceased alive and haur and fram the causes stated abave			at in (my) (aur) opli	nian death accurred an the date
	23A SIGNATURE				23B DATE SIGNED
	23C. Mysicians	DEGREE Phys	Med. Director 3D. ADDRESS	Staff Phys.	8 28 78
	J.H. Varnell TR	- 11		+ 61	reet. Balt Md
24	A. BURIAL CREMATION, 248. DATE 240	C. NAME of CEMETERY OF CRE	MATORY 24D. LC		y, town, or county) (State)
24	BURIAL 9-1-72 Z	SALTIMURE C	EMETERY BO	ALTO, MID.	
2:	AUG30 1972 Sudvey In	AL OF REGISTRAR	WB CV7P	RCH 928	ADDRESS HORTH BYE
V	150-REV. 1/1/68			<u> </u>	

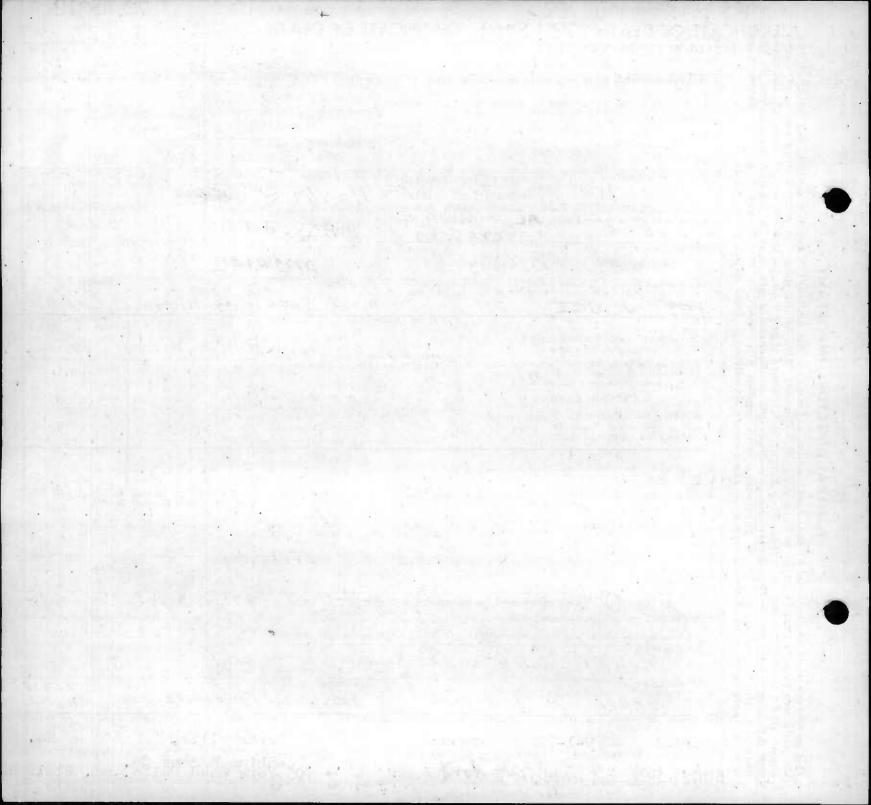


	0 1		72 (	1831	I STAT	TE OF MAR	YLAND-D	ETMENT				
BI	D - 40	0						CATE OF	DEAT	H REG. N	0. 72	08311
1	NAME OF DE	CEASED	FLOREN	CE E.	BAILE	Y	2. DATE OF DEATH	Known   Estimated	Manth	Doy	Year	Hnur
FU	PLACE IN BA		MARYLAND, Y NOT IN HOSPITA RESS OR LOCA				3. DATE PRONO	UNCED DEAD	Month Augus	Day 26,	Year 1972	
	NOITUTITAN		Madison	Aven	ue		A. STATE	Maryland	dece osed liv	ed. If Institu B. COUNT	tion: residence Y	before admission)
11 _	SEX	7. RACE			_	ER MARRIED	C. CITY OR			D. INSIDE	CITY LIMITS	3
11	emale		legro	WIDOW		DIVORCED .	F 670-F7	Baltimore			YES X	NO 🗌
a	rt 25	190	10.AGE (in last birthda	y) [1	Months ; Day	r. II Under 24 Hrs. Is Hours Min.	E. SIREET	ND NUMBER 2248 Madi	son Av	enile		
11.	BIRTHPLACE		0		2. CITIZEN WHAT C	OUNTRY?	13. FATHER		Joh	25	~	
i 44 den	LUSUAL OCC	warking life.	ive kind of work even if retired)	148. KIND	OF BUSINE	SS OR INDUSTR	15. MOTHE	S MAIDEN NA	Nes Ves			
16.	WAS DECEA	SED EVER II	N U.S/ARMED	FORCES?	17. SC SE	CURITY NO.	18. INFORM	MANT WYST	0	23	ADDRESS	alson
	19.	2.4				CAUSE OF DEA	TH		X			APPROXIMATE INTERVAL
	DISEA		IDITION DIRE	CTLY		Arterios	scleroti	c cardiov	ascula	r dise		TWEEN ONSET AND DEATH
	(This does	nat mean th		Ing, e.g.,		(A)IMMEDIATE C	AS A CONSEQ	LIENCE OF				
	injury ar ca	e, asthenia, e implication w	e made of dy itc. It means the hich caused dec	disease, ih.)								
		OR CONDI	IT CAUSES TIONS, IF ANY LAUSE (A) STA	, GIVING		(B) DUE TO, OR	AS A CONSEC	UENCE OF:		<del></del>		7-7-1-1-1-1-1-1
Z	UNDERLY	NG COND	MION LAST.	IING THE		(c)						
CERTIFICATION	OTHER SIG TO THE DE DISEASE O	NIFICANT CO ATH BUT NO R CONDITIO	ONDITIONS CO OT RELATED TO N GIVEN IN PA	ONTRIBUTI THE TERMIN	NG NAL							
CERT					OR WHICH	OPERATION WA	AS PERFORM	ED				OPSY? (Yes or No)
EDICAL	UNDERLYING C		NTRIB-	2 h	28. PLACE ( ome, form, f	OF INJURY (e.g., actory, street, office	In ar obaut 2 bldg., etc.) It	UURY OCCUR?	lf in Baltimore	City, give	exact location)	
Σ	22D. TIME OF INJURY (APPROX.)		(Day) (Yeor		22E, INJU WHILE AT WORK	RY OCCURRED.	WHILE	2F. HOW DID INJ	URY OCCU	R?		
	23.	tify that I	held an I				topsy 🗓	and that on th	is basis o	death in a	v onlates	
			Natural cau	-	Accident		(many)		Indetermin			
	ACTUA		71	2	111	11-111		HIEF MEDICAL E		<u> </u>		DATE SIGNED
	SIGNAT EXAMIN NAME (	VER'S	Peter	Lipko	ovic,	M.D. Y	•	STANT MEDICAL E			ugust	27, 1972
24. RE	A. BURIAL CRE	MATION.	248. DATE		24C. NAM	E of CEMETERY	or CREMATO	RY 24D. L	OCATION	(City, to	own, or county	(Stote)
25.	A. DATE REC'E	BYHEALTH	8/3//	72 258 NA	ME OF REC	of Con	250 5	IINERAL DIRECTO	ID.	Ba	ADDRESS	no
	AUG3		// .		who-	_	4.5	Rugs	22	_22	ADDRESS	orin are
VS	151-REV. 1/1/6	8		71			7,00	-				1/



ned or final disposition is n	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
ned or final di	death); and (6) No physician was in regular attendance on nust be obtained before the remains are embalmed or final di
	death); and (6) No physician was in regular a nust be obtained before the remains are embalm

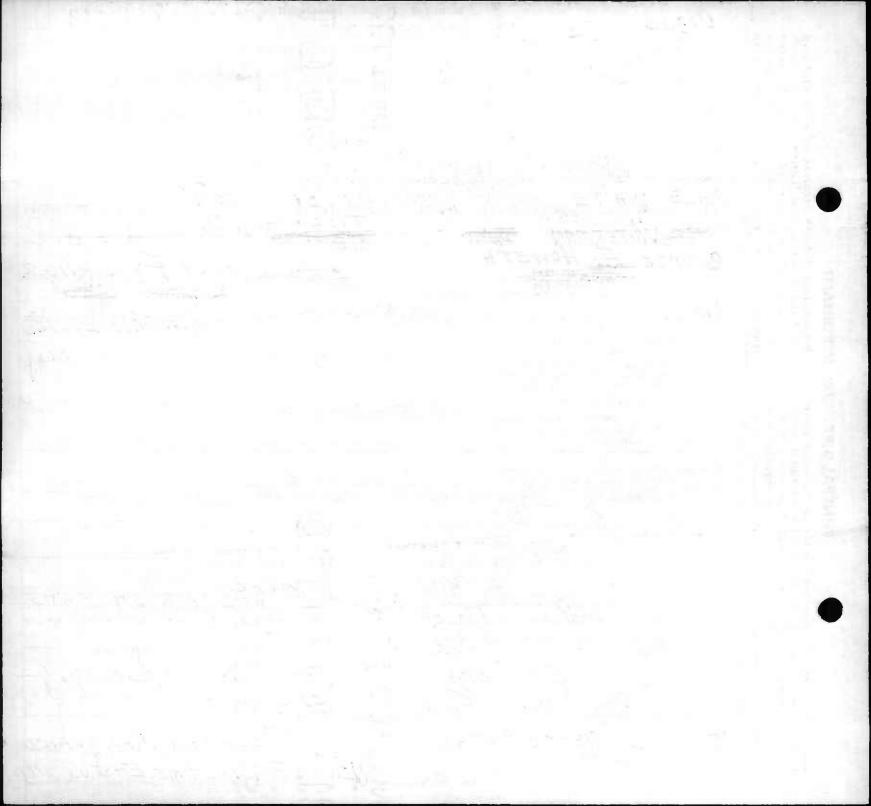
V	BALTIMORE CITY	HEALTH DEPARTMENT		72 08812			
OIKIN NO.	12 CERTIFICA		STATE OF				
(Type or Print) MURIEL B. K	CERSEY		29.72	10.30			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where	e deceased lived. If ins	titutian: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAND	. U.S.A.	905			
THE UNION MEMORIAL	HOSPITAC	C. CITY OR TOWN BALTIMOR	D. INSIE	YES NO NO			
44		E. STREET AND NUMBER 708 GOR	SUCH AVE				
	NEVER MARRIED DIVORCED		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.			
done during most of working life, even if retired	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?			
	EXANDRA	MARYLAI	r.0	U.S.A.			
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM					
BR	ADY	MUR	IEL				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give war or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
YES WWIT		MISS PATRI	CIA MCI	HALL (SAME)			
18. / / / / / /	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1	1151 100	TION 17 days			
(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAI	USE MIOCARDIA A CONSEQUENCE OF:	L INFIRE	11014 17 aug			
heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	eose,						
ANTECEDENT CAUSES	40	A.S. C. V.D.		10 years			
DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:					
rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)						
11	(~)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI							
A DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No	208 to Vec Week E	INDINGS CONSIDERED			
19A. DATE OF OPERATION WAS PERFORMED	OK WHICH OPERATION	The street of the	IN CERTIFYING CAU				
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in at about 21C. WHERE DID thice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location)			
O 21D-TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
OF INJURY (APPROX.)	White At Nat Whi						
22. I certify that (1) this hospital) attended the deceosed from August 24 19 72 to August 29 19 72							
that (1) (we) last sow the deceased alive		7 19 7 and the	at In (my) (aur) opin	nian death accurred on the date			
ond haur and from the causes stated above							
23A. SIGNATURE	1/4		/	23B. DATE SIGNED			
Mariliet Baull	OEGREE AH	ending Med. Director	Staff Phys.	08/29/72.			
23C. PHYSICIAN'S NAME (Type) CARLOS H. SA	NTILLAN	23D. ADDRESS  THE UNION	MIMORIAL	HOSP: 82. Md			
24A. BURIAL CREMATION, 24B. DATE 24	OEGREE C. NAME of CEMETERY OF CR		OCATION (Cit	y, tawn, ar caunty) (State)			
Burial 9-1-72	Parkwood		arkville,	Md.			
	ME OF REGISTRAR			CO ADDRESS			
AUG30 1972 Troping (2)	with	1905 You	rk Road Ba	Co:,Md. 21212			
VS 150-REV. 1/1/6B		40.00					



## FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

T	1/222	BALTIMORE CITY	HEALTH DEPARTMENT	pa pa	2 08313
	H-300 72 08313	CERTIFICA	TE OF DEATH	REG. NO	F MARYLAND-DHMH
1	NAME OF DECEASED		2. PATE AND	HOUR OF DEATH	
	B. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUN	owern	LA USUAL RESIDENCE Whore	occessed lived If institu	tions residence before admission)
H			A. STATE B. COUNT	147	2403
	FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ON, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
	- 1 1 South Bat	19 more	Baltemore	YE	s No 🗌
	5. B. G. H. G.	P = == == []	E. STREET AND NUMBER	+ c+	
1	SEX 6. RACE 7. MARRIED 7	NEVER MARRIED	B. DATE OF BIRTH	P. AGE (In years of M	Under 1 Yc., If Under 24 Hrs.
1	MALE WHITE WIDOWED W	DIVORCED	9/4/80	ost birthdoyl 90 M	Under 1 Yr. If Under 24 Hrs. onths Days Hours Min.
	OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BL	SINESS OR INDUSTRY	11/BIRTHPLACE (State or foreign		2. CITIZEN OF WHAT COUNTRY?
	MOTE WATERMAN!			,	U.S.A.
1	FORCE LE HOWETH		14. MOTHER'S MAIDEN NAM	ME	
				ALIARY T	AULKNER
lic.	(os, no or unknown) (If yes, give war or dotes of service)	SECURITY NO.	17. INFORMANT	Term on	ADDRESS
	16.	20-01-367-A	rirs. Rapien	3307	Olympa Ave-
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	/1	BAHI	APPROXIMATE INJUNITY
	LEADING TO DEATH	(A)MMEDIATE CAU	SE Bacteremi	ia	one day
	(This does not mean the mode of dying, e.g., heart failure, authenia, etc. it means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		
ï	injury or complication which caused death.)  ANTECEDENT CAUSES	Parela	Cartana	+++	after on stoop
1	DISEASES OR CONDITIONS, If any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	ith metasta	sis over one year
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)			/
		(0)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	arte	moselerosi	5	
	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A-AUTOPSY? (Yes or No)		DINGS CONSIDERED
	Aug. 27 1972 WAS PERFORMED DE 02			IN CERTIFYING CAUSE	S OF DEATH?
11.	, OR CONTRIBUTING CAUSE OF / home,	ACE OF INJURY (e.g., in farm, factory, street, off	or obout 21C. WHERE DID	(If In Boltimore C	Ity, give exact location)
Ш	DEATH (notify medical examined none eled	nome		one	
	S OF INJURY	JURY OCCURRED  At The Not While	21f. HOW DID INJU	JRY OCCUR?	
	(APPROX.) none Work	A on b Work	101	ge_	- P - P -
	22. I certify that (I) (this hospital) attended the			9 172 to Aug	27 19 72
	and hour and from the couses stated above. (1)	W ( 1 1 ) ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		it in (mx) (ont) jobi uta	n death occurred on the date
	23A. SIGNATURE	Tentara Nera Horr VI	tew the body offer dedin.	23	R. DATE SIGNED
	pa) 60	Ma DEGREE Phys	nding Med.	Staff Phys.	AUD. 211 172
	23G. PHYSICIAN'S NAME (Type)		3D. ADDRESS	6.1	July 1
	Phil Woo	50 Ng DEGREE	5.8.	G. H.	
	REMOVAL (Specify)	E of CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	lown <sub>e</sub> or county) (State)
1	DURIAL 8/30/72 MF	THOD 15T	25C, FUNERAL DIRECTOR	LCHMAN,	MARYLAND
	AUG30 1972 Signey (3)	axa	NEWWAM FUN	VERAL HAME	EASTON MO
IF	'S 150-REV. 1/1/68			1~1) (r~11UIII)	,



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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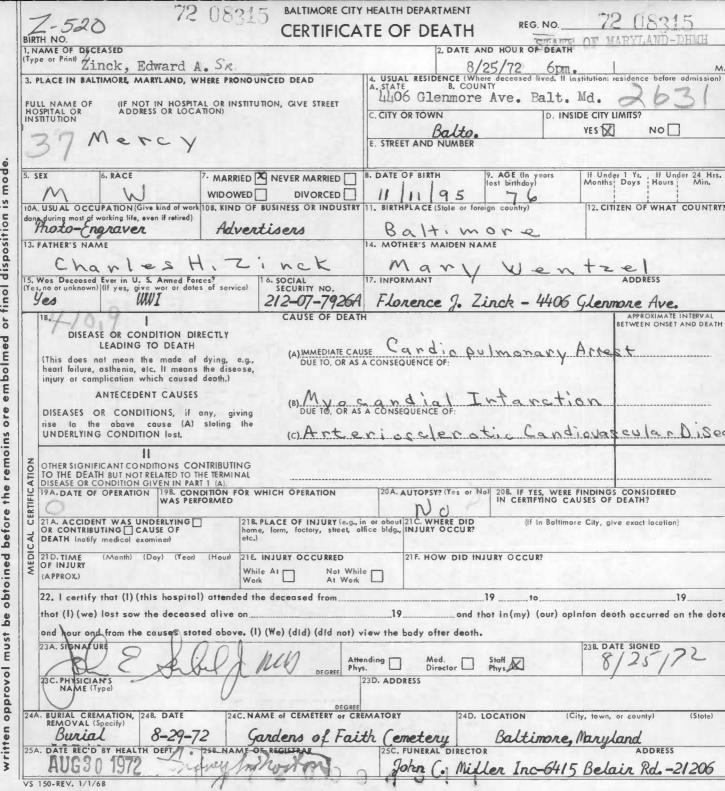
	Vne	BALTIMORE CIT	Y HEALTH DEPARTMENT	72 08314			
Bi	72 08	CERTIFICA	TE OF DEATH Y REG. NO.				
	NAME OF DECEASED	de de	2. DATE AND HOUR OF DEATH	Transfer of the land of the la			
	KESNER - M	AV Elizabeth Ma	e Kesner 2-25-72	1 11:10			
11	PLACE IN BALTIMORE, MARYLAND) WHERE	PONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)			
IIIN	NOITUTION	R INSTITUTION, GIVE STREET	C. CITY ORTOWN D. IN	SIDE CITY LIMITS?			
	Bolton Hill Nursing &	CHUMlescent Center	Wiley Ford, W. Va.	YES NO			
	BALLIMORE, MARY IN		E. STREET AND NUMBER				
5.		ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Ye. , If Under 24 Hrs.			
		DOWED DIVORCED	4-3-9 lost birthdoy	Months Doys Hours Min.			
do	LUSUAL OCCUPATION (Give kind of work 108, ne during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
12	Housewife C	wn Home	West Virginia	U.S.A.			
13.	FATHER'S NAME James Wolfe		14. MOTHER'S MAIDENNAME Carrie ?				
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL					
(Ye	s, no or unknown) (If yes, give wor or doles of s	SECURITY NO.	17. INFORMANT	ADDRESS			
1	NO	236-36-1528	MRS. Twigg - 2815 Gi	bren Ave			
	DISEASE OR CONDITION DIRECTL	CAUSE OF DEAT	77	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	(A) IMMEDIATE CAL	ISE CALL PULTOS	11/20			
	(This does not meon the mode of dying heart foilure, asthenia, etc. It meons the injury or complication which coused death	g. e.g., DUE TO, OR AS	A CONSEQUENCE OF:				
	ANTECEDENT CAUSES	1.1		20			
	DISEASES OR CONDITIONS, if ony,	giving (B) DUE TO, OR AS	A CONSEQUENCE OF:	By 11/70			
	rise to the obove couse (A) stotic	ng ine	cerelof thousand				
		(c)asl	to dit feet disc	e Tello			
NO	OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING					
ATI	TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A	),		***************************************			
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED			
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., I home, farm, foctory, street, of etc.)	n or obout 21C. WHERE DID (If in Bollimo fice bldg., INJURY OCCUR?	re City, give exoct location)			
MEDI	21D. TIME (Month) (Doy) (Year) (Hos		21F. HOW DID INJURY OCCUR?				
~	(APPROX.)	While At Work Not While At Work					
	22. I certify that (1) (this haspital) ofte		7/28 1972 10	8/25 197-			
	that (1) (we) last saw the deceased all		19 2 ond that in(my) (aur) op	nian deoth occurred an the dote			
	ond have and from the causes stoted ob 23A. SIGNATURE	ove. (W) (We) (did) (Vid not) v	lew the body after deoth.				
	O 3	(- // Atte	nding Med. Shiff	23B, DATE SIGNED			
	23C. PHYSI CI AM'S NAME (Type)	DEGREE Phys		8/26/2			
	AZ LAN A	MAPHT MD	2-E Re-0 15t	2 ormo			
24/	BURIAL CREMATION 1248 DATE	24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (C	ity, town, or county) (Stote)			
I	REMOVAL (Specify) . Burial 3-29-72	Sunset Memorial					
25A		NAME OF REGISTRAR	Park Cumberland, A	llegany, Md.			
	AUG30 1972 Sefpres	whorton !	James Fiscorpelli, Cu				
VS	150-REV. 1/1/68			1304			

which have the state of the sta 1-1-4 and at foot MARKET CALL JUNE 19 HOLES

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	written opprovol must be obtoined before the remoins ore embolmed or finol disposition is mode.
1	ior to deoth. Such
	shows: (1) An occident of ony noture; (2) Body burns; (3) A frocture of ony kind; (4) Undetermined couse; (5) Deceosed
,	the body was released to the haspital by a medical examiner. Also, if the direct or contributing couse of death
	This certificate must be approved by the chief medical examiner or his assistant if death accurred in a haspital and

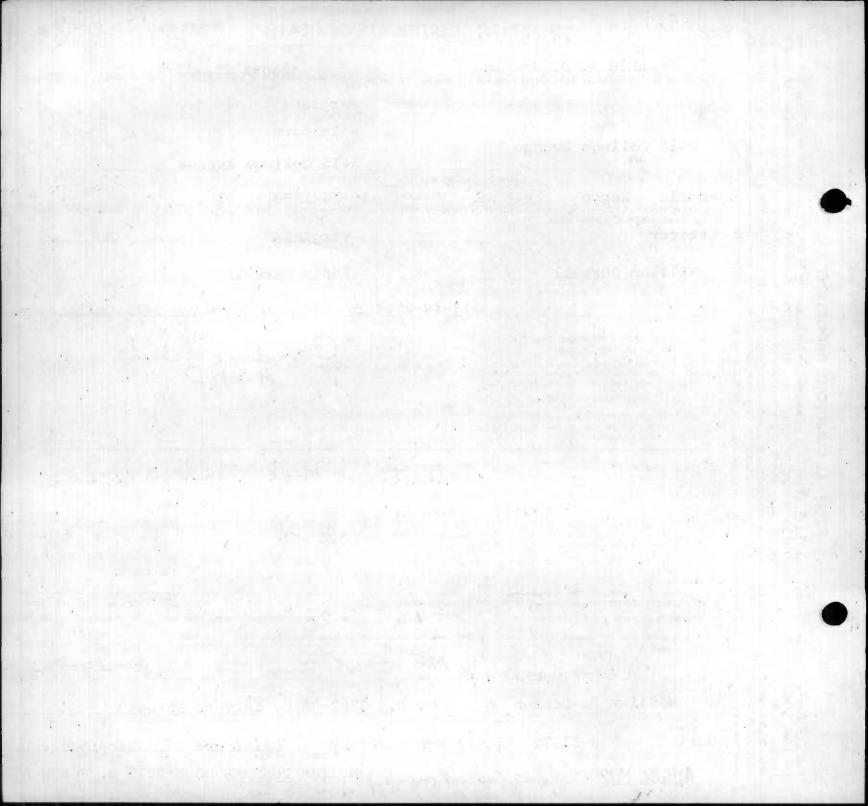
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH CHARTLAND-DHEH 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) Zinck, Edward A. S.R. 6pm. 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A. STATE 4406 Glenmore Ave. Balt. Md. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? NO Balto MercV E. STREET AND NUMBER 5. SEX B. DATE OF BIRTH If Under 24 Hrs. Hours Min. 6. RACE 7- MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months! Doys Hours lost birthdoy WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)

Photo-Engraver Advertisers Baltimore 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Yes 212-07-7926A Zinck - 4406 Glenmore Ave. Florence % CAUSE OF DEATH 1B. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cardio pulmonary (A) IMMEDIATE CAUSE (This does not meen the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenia, etc. It means the diseose, injury ar camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the 10) Arterioccleratio Candiovas UNDERLYING CONDITION lost, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exact location) home, lorm, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Doy) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Hour) OF INJURY Not While While At (APPROX.) At Work Work 22, I certify that (1) (this hospital) attended the deceased from 19 ond that in (my) (our) opinion death accurred on the date that (1) (we) lost sow the deceased alive on. and hour ond from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED Attending [ Med. Director \_\_\_ 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) BURIAL CREMATION, 248. DATE REMOVAL (Specify) 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Burial Gardens of Faith Cemetery 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT 258 NAME OF REGISTRAR John (. Miller Inc-6415 Belair Rd.-21206



Pestilia. The following the second of the first terms of the With the second of the second of the second was luminal arterial actions of routh, seeded a trace, language Vi- District West value, System of the St.

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_	1-000		170 08	210	CERTIE	CATE	OF DEATH	REG	. 140.	9	
	H NO.		72 08	210	CERTI	ICAIL			STATE	OF MARYLA	ND-DHMH
1, N (Typ	AME OF DEC	EASED					2. OATE	AND HOUR O	DEATH		
	ra.	nnie A.	B. Jen	kins		11. 14.	Aug	ust 26,	1972		M.
3. 1	LACE IN BAL	TIMORE, MARY	LANO, WHERE P	RONOUNC	ED OEAD	4. U		OUNTY	lived, It institu	tion: residence befor	e odmission)
FUI	L NAME OF	(IF NOT II	N HOSPITAL OR	OITUTITO	N, GIVE STREE	ET N	laryland			273	3
HO	SPITAL OR	ADDRESS	OR LOCATION)				Y OR TOWN		D. INSIDE	CITY LIMITS?	
5						E	altimore		YE	s 🛛 No [	
-	2415 (	College	Avenue			E. ST	REET AND NUMBE	R			
						2	415 Coll	ege Ave	nue		
S. S	EX	6. RACE	7- MAI	RRIED	NEVER MARRIE	- 0 - 4	TE OF BIRTH	9. AGE (In )		Under 1 Yr. If U	nder 24 Hrs.
Fe	emale	Negro	WIDO	WED X	DIVORCE		-24-1880	lost birthdoy)	M	onins Doys Hour	s Min.
			ind of work 10B, KII	MAI			RTHPLACE (Stote or	us" other	1:	2, CITIZEN OF WHA	T COUNTRY?
done	during most of	working life, even	if retired)								
_	aterer						Virginia			USA	
13.	ATHER'S NA	ME				14. M	OTHER'S MAIDEN	NAME			
	Willi:	am Burw	1011				nadio Mo				
15. 1	Vos Deceosed	Ever in U. S. /	Armed Forces?	16.	SOCIAL	17. IN	Addie Ma	xwell		ADDRESS	
		(If yes, give w	vor or dotes of se		SECURITY NO.						
No				2:	13 - 48 - 2	2924Mrs	s. Mary C	). Sprat	:ley 24	115 Colle	
	1B.	231			CAUSE OF	DEATH				APPROXIMAT	
	DISEA		TION DIRECTLY				0	1 -	1.	7	
	(This does not mean the made of dying, e.g.,										
			Il meons the di		DUE TO,	OR AS A CON	SEQUENCE OF:	ASIJ	D		
	injury or complication which caused death.)							737			
		ANTECEDENT	CAUSES		(n)						
	DISEASES (	OR CONDITIO	NS, il ony,	giving	DUE TO,	OR AS A CO	NSEQUENCE OF:				
	rise to the obave cause (A) stating the										
	UNDERLYING	G CONDITION	l last.		(c)						
-		11					0		1		
ATIO			IONS CONTRIBU		1476.	Tio.	+ mal	2001	itim	. 1910.	
AT	DISEASE OR C	ONDITION GIV	EN IN PART 1 (A).		U CLARICA.		X			yea	~ J
ERTIFIC	19A. DATE OF		198. CONDITION		CH OPERATION	20	A. AUTOPSY? (Yes o	IN CERTIF	S, WERE FINE	DINGS CONSIDERED	D
ERT											
	OR CONTRIBL	NT WAS UNDE	RLYING [	home, f	OF INJURY	Y (e.g., in or ob treet, office bl	out 21 C. WHERE DI	D (If i	in Baltimare Ci	ty, give exact locotio	n)
CAL	DEATH (notify	medical examin	n er)	etc.)							
0	21 D. TIME	(Month) (Doy	y) (Yeor) (Hour	21 E. INJ	URY OCCURR	ED	21F. HOW DID	INJURY OCCUI	??		
Ž	(APPROX.)			While A		of While					
	(ATTION)	Ind.	Danmin	Work		t Work					
		that (+) (shis.			leceosed from	.,		19 //to		-26	19_202,
	that (H) (we) last sow the deceased alive on 8-26 19.22 and that in (my) (our) opinion death occurred on the date										
	ond hour on	d from the cou	uses stated abo	ve. (1) (W	(did) (did		ne body ofter dec				
	23A. SIGNATU	IRE I ANT				T			23	B. DATE SIGNED	
		WHK		. 9	M.L.	Attending Phys.	Med.	Staff		P 29-	-22
	23C. PHYSICIA	/V V V	ensor	-1 A	DEGR	cc	ODRESS	J Phys. □		0 0-1	100
	NAME (T	ype)									
	Wil.	liam P.			M.	Deckee 35	02-06 N.	Calver	t Stre	et	
24A	BURIAL CRE	MATION, 248.	DATE	4C. NAME	of CEMETERY	or CREMATO	RY 241	D. LOCATION	(City, 1	lown, or county)	(Stote)
B	arial		31-72	M+ 7	122/12222	Comat		- 3			
		0-	1 - 1/				77 ID	3 1 to 3 m 0 20	0	Atmospherical and and	2
					Luburn	Ceme Le	C. FUNERAL DIDEC	altimor	E	Marylan	
		BY HEALTH D		AME OF R		25	C. FUNERAL DIREC	TOR		ADDRESS	5
VS						25	C. FUNERAL DIREC	TOR		ADDRESS 35 W. NO	5



Arbutus Meorial Park

25C. FUNERAL DIRECTOR

258. NAME OF REGISTRAR

REMOVAL (Specify) Burial

AUGIA

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT

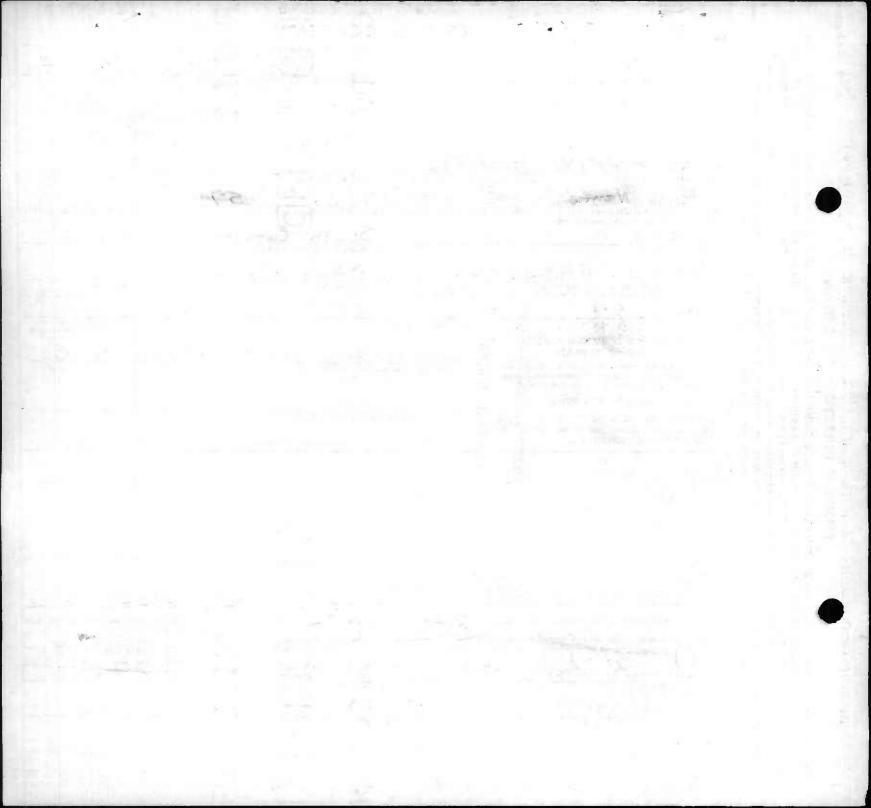
(State)

NORTH

Baltimore Co. Maryland
RECTOR ADDRESS

FUNERAL HOME 3035 W.

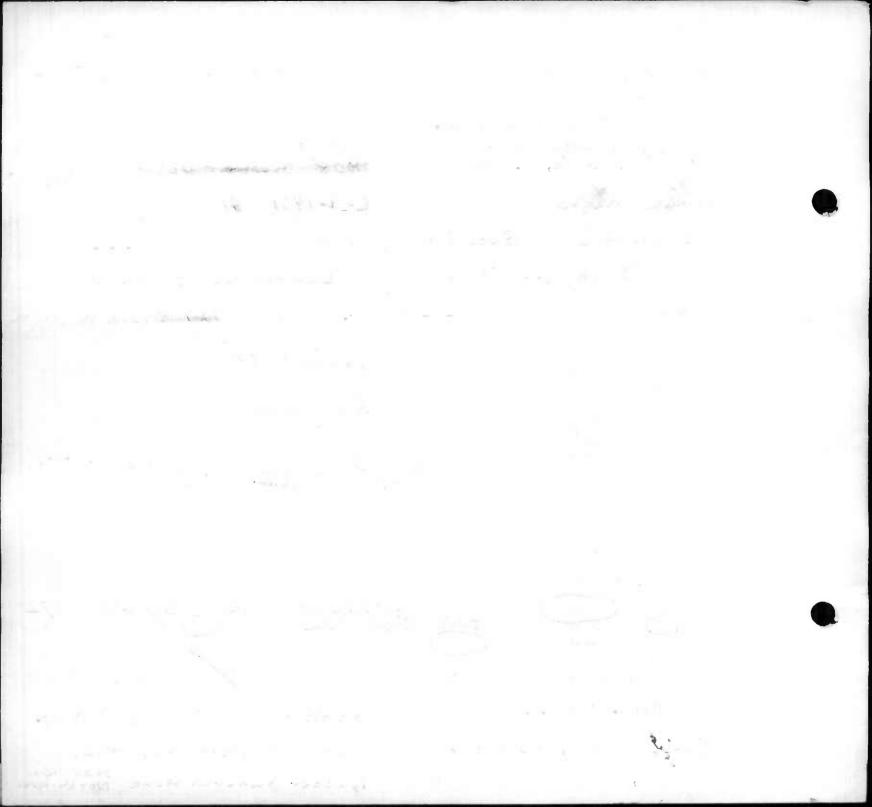
4.	BALTIMORE CITY	HEALTH DEPARTMENT		.72 08018			
BRITH NO. 72 08218	CERTIFICA	TE OF DEATH	REG. NO.	OF MARYLAND-DIME			
1. NAME OF DECEASED (Typo or Print)  GERTRUDE	BROWN	08	26/12	10:10 A.M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	A. STATE B. COUR	re deceased lived. If institut	ion; residence before admission)			
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION	ION, GIVE STREET	C, CITY OR TOWN	D. INSIDE C				
33		E. STREET AND NUMBER	YES	NO NO			
	PITOL	525 E	, same s	177			
5. SEX 6. RACE Negro WIDOWED	NEVER MARRIED DIVORCED	9 13 13	9. AGE (in years 58 Mo	Under 1 Yr. If Under 24 Hrs. Inthis Days Hours Min.			
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF I done during most of working life, even if refired)	USINESS OR INDUSTRY	11. SIRTHPLACE (State of fore	nga country) 12	CITIZEN OF WHAT COUNTRY?			
COOK		South Ca	rolina	U. J. A.			
13. FATHER'S NAME		14 MOTHER'S MAIDEN NA					
DAVID HARRISO	N	MAGRIE	DEAN				
	& SOCIAL	17. INFORMANT		ADDRESS Detroit			
ND 1	SECURITI NO.	Bertha Thoma	s 3235 Canto				
18.070 * 1	CAUSE OF DEAT		- J-50 Gaire	APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A)IMMEDIATE CAL	SE PULMINA	NT HADATI	115 10 deus			
(This does not mean the mode of dying e.g., heart failure, asthenia, etc. it means the disease,							
injury or complication which caused death							
ANTECEDENT CAUSES	D (8)						
DISEASES OR CONDITIONS, if any, wing is to the above cause (A) stating The	DUE TO, OR AS	A CONSEQUENCE OF:					
UNDERLYING CONDITION last.	E (c)						
11 1 1	P						
OTHER SIGNIFICANT CONDITIONS CONTRIBLENCE	<u>F</u>						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OISEASE OR CONDITION GIVEN IN PART 1 (A)	7						
19A-DATE OF OPERATION 19R CONDITION TOR WI		20A. AUTOPSY? (Yes or N	O) 20B, IP YES, WERE FIND IN CERTIFYING CAUSES				
OR CONTRIBUTING CAUSE OF	form, foctory, street, o	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If In Baltimore Cit	y, give exact location)			
DEATH (notify medical examined etc.)  21D.YIME (Month) (Doy) (Year) (Hous) 21E I OF INJURY (APPROX.)			JURY OCCUR?				
22. I certify that (i) (this hospital) attended the deceased from 8/24 19 72 to 19 72							
that (i) (we) lost saw the deceased alive on	9/26			death occurred on the date			
and hour and from the couses stated above. (1)	(40) (did) (44-44)						
23 A STONATURE				DATE SIGNED			
James H: Mary 1	Dhu	ending Med.	Staff Phys.	8/26			
23 PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS					
NAME TIME IA AND A	con MA	JAHAIS	HADERE	there			
24A. BURIAL CREMATION, 124B. DATE 124C. NA	ME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (City, to	own, or county)			
REMOVAL (Specify)							
	itus Memori		ltimore Co.	Maryland			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	herron	25C, FUNERAL DIRECTO		ADDRESS			
AUG30 19/Z - 19/2 - 19/	2 0 3	MOTTER FUN	EKAL HOME 30	35 W. NORTH AVE			



BALTIMORE CITY	HEALTH DEPARTMENT						
S-536 72 08319 CERTIFICA	TE OF DEATH REG. NO. /2 US 19						
I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
(Type or Print) Sanders . Beatrice	E. 8-27-72 105A						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET INSTITUTION	Maryland 2/229  C. CITY OR TOWN D. INSIDE CITY LIMITS?						
0/ 1 / / / / / / / / / / / / / / / / / /	Baltimore YES NO						
North Charles General Hospital	E. STREET AND NUMBER						
5. SEX 6. RACE 7. MARRIED TO NEVER MARRIED	467/ Colherne Kd.						
Female Negro WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday)  5-24-46 9. AGE (In years lil Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.						
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during may of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
computer operator Social Security	Maryland USA						
13. FA HER'S NAME	14. MOTHER'S MAIDEN NAME						
Cardvin Fauntleroy	Grace Terry						
15. Was Deceased Ever in U. S. Armed Fores? (Yes, no or unknown! (If yes, give wor or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS						
	Isiah C. Sanders 4647 Colherne Road						
18. CAUSE OF DEATH	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
injury or camplication which caused death.)	1						
ANTECEDENT CAUSES (B)	Alphiclina						
rise to the above cause (A) stating the	A COMSEQUENCE OF:						
UNDERLYING CONDITION last. (C).	Intra abdomines alseeres						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART   (A).							
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION  WAS PERFORMED from metro undogia	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
OR CONTRIBITING CAUSE OF	n or obout 21 C. WHERE DID (II in Boltimare City, give exect location)						
OR CONTRIBUTING CAUSE OF home, tom, toctory, street, of DEATH (notify medical examiner)	HEE DIOGO, INJURY OCCURY						
2 21D.TIME (Month) (Doyl (Year (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
(APPROX.) While At Not While At Work							
22. I certify that (1) (this hospital) attended the deceased from	7-30 1972 10 8-27 1972						
that (1) (we) last saw the deceased alive on 8-27	19 72 and that tn(my) (our) opinion death occurred on the date						
and haur and fram the causes stated above. (1) (We) (did) (did not) v	lew the body after death.						
23A. SIGNATURE 23B. DATE SIGNED							
ose of Ocles 4. Degree Phys. Director Phys. 3 Staff 9 8/27/72							
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 124D LOCATION (C)						
REMOVAL (Specily)							
Burial  8-30-72   Arbutus Memoria	local distriction of the second of the secon						
AUG30 1972 Soldwar Think than a	NUTTER FUNERAL HOME 3035 W. NORTH AVE						
VS 150-REV. 1/1/68	N O I D						

The same of the same of the same of the same of the Name .

1	S 150	ALTIMORE CITY	HEALTH DEPARTMENT		17.0
BIE	72 08320 C	ERTIFICA	TE OF DEATH	REG. NO.	72 08320
1.1	NAME OF DECEASED			ID HOUR OF DEATH	MARYLAND-DHMH
,	BARNES, JERELINE			23-72	1 6 30 A
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D	DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution: residence before admission
FU	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, G	AVE STREET	Maryland		1300
	STITUTION 2500 Liberty Height Av	e.	C. CITY OR TOWN	D. INSIC	DE CITY LIMITS?
1	Provident Hospital, Inc.		Baltimore E. STREET AND NUMBER		YES NO
	Baltimore, Md. 21215			Ser Vo	53
5. :	SEX 6- RACS 7- MARRIED NEVE	D MADDIED TO			
0	· · · · · · · · · · · · · · · · · · ·	DIVORCED		9. AGE (In years lost birthday)	Manths Doys Hours Min.
104	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES	S OR INDUSTRY	6-9-1901  1. BIRTHPLACE (Stote of Core	sa country)	12. CITIZEN OF WHAT COUNT
don	ne during most of working life, even if fetired)	chima		•	
13.	FATHER'S NAME	201110	4- MOTHER'S MAIDEN NA	AF	U.S.A.
	Tal				
15.	Wos Deceased Eyer in U. S. Armed Forces? 16. SOCI.		7. INFORMANT	V. 30	11300
(Ye	s,no or unknown) (II yes, give wor or dates of service) SECU	JRITY NO.	THE OWNER OF THE OWNER OWNER OF THE OWNER OW		ADDRES\$
_	NO 215-	-24-5976	Mrs. Mildred Bl	lue 727 5	Druid Ok zake
	- GUISIY - GUI	USE OF DEATH	011	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		The	V	Services office And other
	This does not meen the mode of dying, e.g., (A	IMMEDIATE CAUS	E CONSEQUENCE OF:	uen	
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUE IO, OK AS A	CONSEQUENCEOF:	-	
	ANTECEDENT CAUSES	- Fac	I lim sail		
	DISEASES OR CONDITIONS, if one, giving	DUE TO, OR AS A	CONSEQUENCE OF:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	rise to the above couse (A) stating the UNDERLYING CONDITION lost.		donocardenyce of		
	CONDITION TOST. (C)	)			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Q1.0	eter Mollife		
FI	110 THE DEATH BUT NOT RELATED TO THE TERMINAL	MAD	eles l'eller	<i>A</i>	
FIC	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19R. CONDITION FOR WHICH OF WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING   21B. PLACE Of home, iom, io etc.)  DEATH (natily medical examines)  21D.TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY (Control of the control of the contr	PERATION	20A- AUTOPSY? (Yes of No.	20B. IF YES, WERE FIL	NDINGS CONSIDERED
ERT	Old Assessment	No.	74.00	IN CERTIFIENG CAU	SES OF DEATH?
ار	OR CONTRIBUTING CAUSE OF Lorm, ic	F INJURY (e.g., in actory, street, allic	or about 21 C. WHERE DID	(II In Boltimore	City, give exact location)
2	DEATH (natily medical examine) etc.)				
MEDI	21D.TIME (Month) (Day) (Yeon) (Houd) 21E INJURY (		21F. HOW DID INJI	JRY OCCUR?	
- }	IAPPROXJ While At Work	Not While At Work			
	22. I certify that (I (this hospital) attended the deceos	sed from 41.A	Mug 20 1	9 72 10 Rs	14 23 19 72
	22. I certify that (I (this hospital) attended the decease that (I (we) jost saw the deceased alive on	M. augi	3 19 72 ond the		on death occurred on the do
	ond hour and from the couses stated above. (1)(We) (di			intiny (tour) blut	on manin occurred on the do
	23A. SIONATURE	101, 416	w the non's otter death.	h	3R DATE SIGNED
	1 aurice la Hollen M. E.	Attend		Staff F7	A + 13 122
	23 C. PHYSICIAN'S	DEGREE Phys.	Director   1	Phys.	Jugue 20/17/
	Maurice A. Allen M.D.				
4A	BURIAL CREMATION, 1248, DATE 124C NAME of CE	DEGREE DEGREE	Provident Hospi		erty Height Ave.
	REMOVAL (Specify)	THE OF CREW	ATORY 24D. LO	CATION (City,	town, or county) (Stote)
-					to and the desired
SA.	Burial 8-26-72 MZ. A	tuburn	Cem. &	21212000	e, ma.
5A.	DATE REC'D BY HEALTH DEPT. 1 , 25B NAME OF REGISTR	Kon	25C. FUNERAL DIRECTOR		ADDRESS.
A.	Burial 8-26-72 MZ. A	Keny 1	25C. FUNERAL DIRECTOR		ADDRESS



FUNERAL DIRECTOR: IMPORTANT

	17-416	1	72 (	0832	1.		E OF DEA		REG. N	- AL 1974 1 7	08321	nuni
	NAME OF DEC	EASED (	unde	LCo.	/na·				D HOUR OF	ATE OR M	ARYLAND=DI	18017.
L''	Pe at Print)	erry 1	4- M	ala ta	rina			8	129/7	-	905	A M.
3.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PRON	OUNCED DEAD	14	USUAL RESIDEN	CE (Where	deceased liv	ed. Il institution	residence belare	admissian)
H	LL NAME OF SPITAL OR STITUTION	(IF NOT	IN HOSPIT	AL OR INS	TITUTION, GIVE STR	EET	Md.	4.1		D. INSIDE CIT	5 D	00
	_	B G	14				Severn			YES		
5	438. B. G. H.				E	STREET AND NO	-		·			
							BOX 905 1	1	end Av	۷,		
5. :	M	Cauca	sian	7. MAKRIÉ WIDOWE	DIVORC	green,	12/17/66		ost birthday		nder 1 Yr.    Und hs Days Haus	Min.
dan	USUAL OCCI	JPATION (Giv	e kind al wark	10B, KIND	OF BUSINESS OR IN	DUSTRY 11	. BIRTHPLACE (Sto	te or fareig	in country)	12. C	ITIZEN OF WHAT	COUNTRY?
		ONE		NO	NE		Md.				4.5.4.	
13.	FATHER'S NA	ME		1		14	MOTHER'S MAI	DEN NAM	1E			
	Roy	C . 1	molaf	LINE			Eleano	ra	Hamil	Lon		
15.	Was Deceased s,na ar unknown)	Ever in U. S.	Armed For	ces?	1 6. SOCIAL	17	· INFORMANT	7-(	Huny		908 Mary	1 d
(Ye	NO	////	//////	s of service	NONE	э.	Mr. Roy I	C. Ma	lafarir	la. Ave.	. Severn	Tand
	18. 2.0	3 XI			CAUSE OF	DEATH					APPROXIMATE	NTERVAL
	DISEAS	E OR CON	DITION DIE	ECTLY			-	1	1	,	BETWEEN ONSET	AND DEATH
		LEADING T			(A)IMMED	IATE CAUSE	made	hak	utie		4 1	1005
	(This does n heart failure,				G., DUE TO		ONSEQUENCE OF	,	1			-lagar
	injury or com				•			v				
	1	ANTECEDEN	T CAUSES		(8)							
	DISEASES O				g DUE TO	OR AS A	CONSEQUENCE O	F:				
	rise to the			stoling 1	(C)							
					(0/							
NOL	OTHER SIGNIF	CANT COND	ITIONS COL	NTRIBUTING	3							
AT	DISEASE OR C	ONDITION GI	VEN IN PART	1 (A).	***************************************							
CERTIFICATION	2/		WAS PERF	ORMED	WHICH OPERATIO	N	Yes	es ar Na	IN CERTIFYIN	WERE FINDING	S CONSIDERED F DEATH?	
CAL C	21A. A CCIDEN OR CONTRIBU DEATH (notify	TING CAU	DERLYING DISE OF	2 h e	1B. PLACE OF INJUI ome, form, factory, s Ic.)	RY (e.g., in a street, affice	a bldg., INJURY OC	E BID CUR?	(If In E	Baltimare City, 1	give exact lacation)	
	21 D. TIME	(Month) (D	ay) (Year)	(Haur) 2	E INJURY OCCUR	RED	21F. HOW	ILNI DID	RY OCCUR?			
ME	(APPROX.)			V	Vhile At	Not While E	]					
	22. I certify	that-(t) (thi	s hospital	) attended	the deceased fro	m 81	25	19	7 10_	8/29	19	972
	that (T) (we)				01 4		19.フレ				eath accurred or	
	and hour and	from the c	ouses stat	ed above.	H) (We) (did) (did)	nor) viev						
	23A. SIGNATU		6		_					23 B, D	ATE SIGNED	
	Jan	re le	_ 14	The	M) DEG	Attendi Phys.	ng Med.	or D S	hoff bys.		8/29/72	
	NAME (T)	(Pel	1 1	1000			ADDRESS	6 H .			• • •	
24A	BURIAL CREA	James MATION, 241		opper	NAME OF CEMETER	DEGREE Y OF CREMA		24D. LO	CATION	(City, tawn	, ar county)	(State)
	Burial (S	pecilyl	9/1/72		LEN HAVEN				EN BURN		Co Md.	
25A	AVG31		-		PUPATA	1) (	25C. FUNERAL D	IRECTOR	1000	NGL ETTI	ADDRESS	
VS	150-REV. 1/1/6	R		1	a true to		1	11 1 18	-2013	FN BUR	MIE, Md.	

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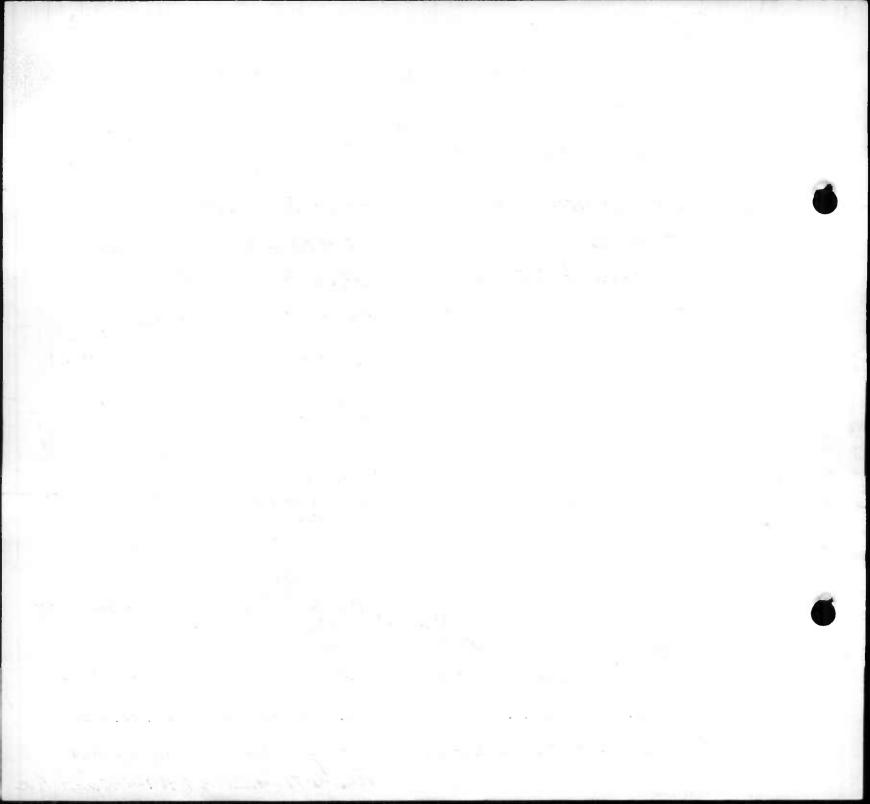
canse;

death Deceased

hospital of

BALTIMORE CITY HEALTH DEPARTMENT 72 (8322 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 5216 LINDEN Heights Ave YES -NO 5. SEX 6. RACE 7- MARRIED NEVER MARRIED 9. AGE (In years Il Under 1 Yr. Months: Days If Under 24 Hrs. last biethdoy) DIVORCED WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during mast of warking life, even if retired) AT H Ho 4. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armod Forces? (Yes,no or unknown) (If yes, give wer or dates of service) 6. SOCIAL ADDRESS SECURITY NO. 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) staling the UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSYZ (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in ar oboul 21 C. WHERE DID home, form, tactory, street, office bldg., INJURY OCCUR? (II In Boltimore City, give exact location) MEDICAL DEATH (notity medical examined) 21 D. TIME (Month) (Doy) (Year) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work 22. I certify that (I) (this bespital) attended the deceased from March that (i) (we) last saw the deceased alive an and haur and from the causes stated above. (1) (16) (11) (11) (11) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending [ Duis Med. Phys. Director 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS Louis H. Schaffer, M.D. DEGREE 222 W. Cold Spring Lane Balt. Md. 24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION 8-30

obtained Pe and that in (my) (our) apinion death accurred an the date must approval written 25A. DATE 258 NAME D 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68



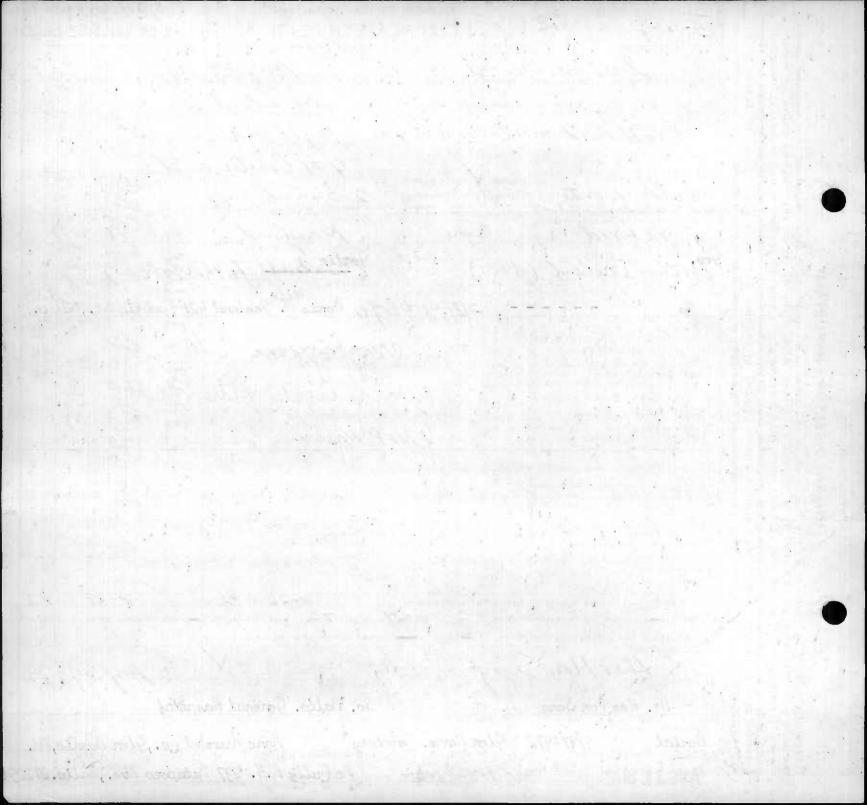
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

M par 72 0800	BALTIMORE CITY	HEALTH DEPARTMENT	1	72 0002				
BIRTH NO. 12/1/97	CERTIFICA	TE OF DEATH	REG. NO.	72 08323				
1. NAME OF DECEASED  [Type or Print]  [Type or Print]  [Type or Print]								
Fronk Hi	Ildsterson	0/3	27/72 1:150					
3. PLACE IN BALTIMORE, MARTLAND, WHERE PR	ONOUNCED DEAD	A. STATE & COUN	re deceosed lived. Il institu ITY	tion: residence before admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY ORTOWN D. INSIDE CITY LIMITS?						
Mon land Genera	1 Hospital	Baltimore YES NO X						
4-8		E. STREET AND NUMBER						
5. SEX   6. RACE   7. MADE	RIED NEVER MARRIED	8. DATE OF BIRTH 77 9. AGE (In years p. ) II Under 1 Yr. If Under 24 Hrs.						
M WIDO	MED DIVORCED	12/1/	lost birthdoyl 74 Me	onths Doys Hours Min.				
IOA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lose	ign country)	CITIZEN OF WHAT COUNTRY?				
Soles Manager 15	RTRIL	New York		USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME					
Thomas F. M	1 ASTERSON	Ida Jr	THE LEST	Re				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (if yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
Yes wwI	012-03-2302	FRANK A. M.	ASTRESON TE	Spane AS# 4				
18.	CAUSE OF DEAT			APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Correman	a of colon me	tastatic to	7. 16				
This does not mean the mode of dving.	(A) IMMEDIATE CAL	ISE	******************************					
heart failure, asthenia, etc. It means the dise	dse,	lu-	ng and liven					
ANTECEDENT CAUSES	6	1- + "	/ 1	7 Kum				
DISEASES OR CONDITIONS, if any, gi	ving (B) Lesson	A CONSEQUENCE OF:	ocate myocardiz	ax se				
ise to the above cause (A) staling UNDERLYING CONDITION last.	the	with	dente myocardio	al 12 tour ton				
di d	(c)							
TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG							
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	YAL			***************************************				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIT OTHER DEATH BUT NOT RELATED TO THE TERMIT OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIT OTHER SIGNIFICANT CONTRIBUTION TO THE TERMIT OTHER SIGNIFICANT CONTRIBUTION TO THE TERMIT CONTRIBUTION TO THE	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSES	INGS CONSIDERED				
OR CONTRIBUTING TICAUSE OF	218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of	n or about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimore Cit	y, give exact location)				
DEATH (notify medical examiner)  O 210. TIME (Month) (Day) (Year) (Hour)				•				
S OF INJURY	While At   Not While	21 F. HOW DID INJ	URY OCCUR?					
22. I certify that (I) (this hospital) attended the deceased from \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								
								that (1) (we) last sow the deceased alive on 8/27 19 72 and that Ip (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
The state states								
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  23D. ADDRESS								
REMOVAL (Specily)	TO THE OF CEMETERY OF CHE	6		wn, or county) (State)				
SURTAL AUG. 31, 1972 ( 25A. DATE REC'D BY HEALTH DEPT. 125B. NAV	STATES OF HEA	WRA CEM. HA	mthorne	NEW YORK				
	WE OF REGISTRAR	25C. FUNERAL DIRECTOR		1050 YORK RA				
VS 150-REV. 1/1/68		Wm. Goki Bago	oks lowson En	c Towson, Md.				

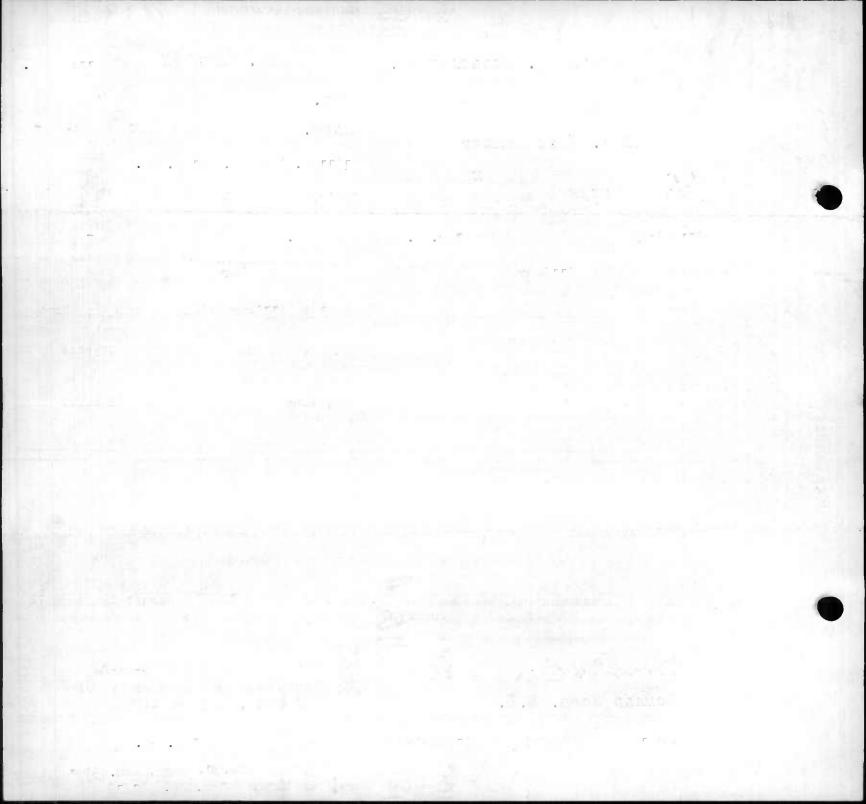
Aprella and the company of the second

## FUNERAL DIRECTOR: IMPORTANT

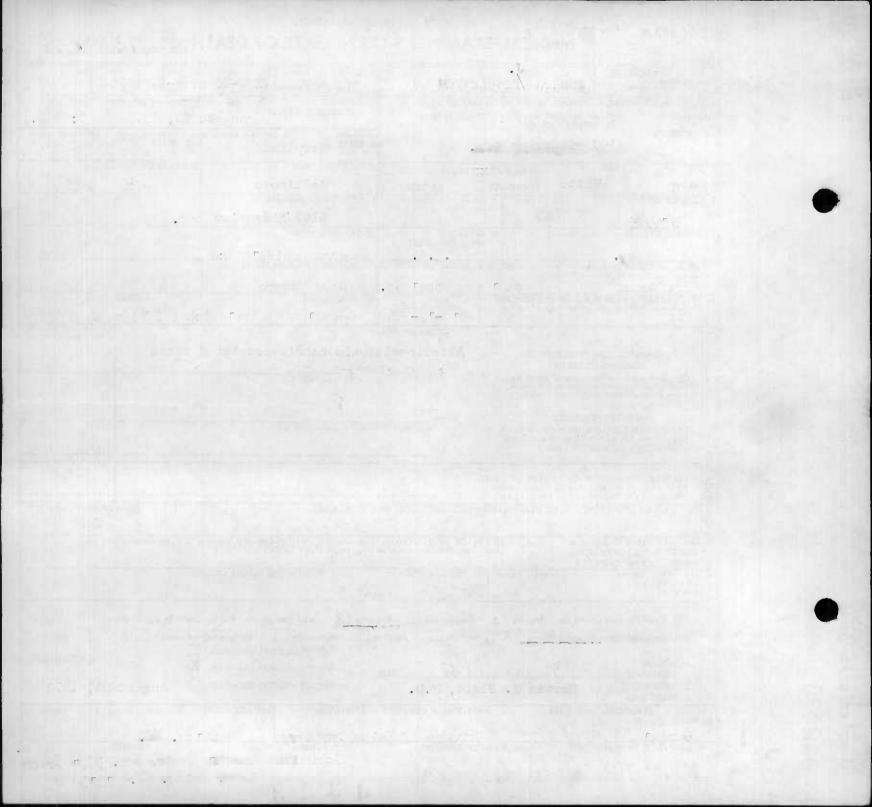
BALTIMORE CITY HEALTH DEPARTMENT 72 08324 CERTIFICATE OF DEATH of death Deceased Such I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) 0 hospital death. 4. USUAL RESIDENCE (While deceased lived, X 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD institution; residence ance (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? cause; 10 NO prior NUMBER contributing Undetermined regular is mad 5. SEX 6. RACE 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. 7. MARRIED V NEVER MARRIED deceased Hours WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? death disposition nine (ory and Was 14. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME 400 assistant eath 00 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL final (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. attendance M. Ireland 421 No ambria It. Donis pronounced or BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, med o LEADING TO DEATH fracture (This daes not mean the made at dying, e.g., DUE TO, OR AS A embal hearl foilure, asthenia, etc. It means the disease, 0 injury at complication which caused death.) regu ANTECEDENT CAUSES ho are OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, il any, rise to the above cause (A) stating the physician the remains UNDERLYING CONDITION last medical medical Mas NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the chief 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 0 WAS PERFORMED before (2) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Baltimare City, give exoct location) where home, form, factory, street, office bldg., INJURY OCCUR? the hospital °Z MEDICAL etc. DEATH (notify medical examiner) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX.) Work At Work and any 8-26 19 72 ta 22. I certify that (1) (this haspital) attended the deceased fram 19.7.2 and that in (my) (ow) aplnian death accurred an the date that (1) (we) last saw the deceased alive an. death) o hospital and haur and fram the causes stated abave. (1) (We) (did) (did-met) view the bady after death. must accident 23A. SIGNATURI 238. DATE SIGNED Attending [ Med. Staff Director prior to -Phys. written approval Phys. 0 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) at Dr. Hee Man Jong Balto. So. Yeneral Hospital DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) deceased the body was D.O. shows: Glen Haven Cemetery Patapsco Abe. Balto. 21225 VS 150-REV. 1/176B



1	(0.)			BALTIMORE CITY	HEALTH DEP	ARTMENT		72 (	18225
BIRTH	- 420 1 NO.	72	08325	CERTIFICA	TE OF D	EATH	REG. NO	TECT O	E KARITANIEDA
	or Print)	NORMAN I	F. FIL	LIAUX SR.		AUG	22ND 7		11:45 P.
	ACE IN BALT	IMORE MARYLAND, W		UNICED DEAD	4. USUAL RES	B. COUN		institution: r	esidence before odmission
HOS	PITAL OR ITUTION	ADDRESS OR LOCA	ATION)		C. CITY OR TO	WN	D. 11	ISIDE CITY L	IMITS?
0	0 13	11 E. 36TI	H STRE	ET	E. STREET AN		St. Balto		
SE:	X Male	6. RACE WHITE	7- MARRIED WIDOWED		3/23/C	RTH	9. AGE (In years lost birthdoy)	If Under Months	Ooys Hours Min.
lone		vorking lile, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or fore	gn country)	12. CITI	ZEN OF WHAT COUNTRY
	ATHER'S NAM		wester	II IIIec.oo.	14. MOTHER'S		ME		
		Frank Filli	01111		7.07	ar Mass	alram		
5. W	os Deceosed	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMAN	ay Nunam T	aker		ADDRESS
Yes,	no or unknown)	(If yes, give wor or date	es of service)	SECURITY NO.	(P)	77.000	/		
[2	no			CAUSE OF DEAT		a Filli	aux (wife)	sa	Me as above
	8. 166		CAUSE OF DEAT	1				BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					inomatos	is		8 years
(	(This does not meen the mode of dying, e.g.,  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:								J
1	heort foilure, osthenio, etc. II meons the diseose,								
ľ	injury or complication which coused death,)								
		ANTECEDENT CAUSES	CA,				8 years		
		R CONDITIONS, if	A CONSEQUEN	CE OF:					
		CONDITION lost.	sioning ine	(c)			****		
-		11							
ZO	THER SIGNIF	CANT CONDITIONS CO	NTRIBUTING						
		H BUT NOT RELATED TO TONDITION GIVEN IN PAR							
	9A. DATE OF		DITION FOR V	WHICH OPERATION	20 A. AUTOF	SY? (Yes or No	20B. IF YES, WER	E FINDINGS	CONSIDERED DEATH?
0 2	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF	21 B. hom etc.	PLACE OF INJURY (e.g., i e, form, foctory, street, o )	n or obout 21 C. \ ffice bldg., INJUI	WHERE DID	(If in Boltim	nore City, giv	e exoct locotion)
0 2	1D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. F	IOW DID INJ	URY OCCUR?		
>	APPROX.)			ile At Not Whil					
		4 (8) ( 5-9-4-9	Wo		August	77 10	72	August	22 72
1		that (1) (thik kiðishita					19 /4 to	August	
t	hot (!) (***)	lost sow the deceose	ed olive on	August 1	19	ond th	of in (my) (ook) o	pinion deo	th occurred on the do
o	and hour and from the causes stated above. (1) (We) (and) (did not) view the body after death.								
2.	3A. SIGNATU	RE		(-)				23 B. DA	TE SIGNED
	120	a bless	1110	Atte Phy	ending X	Med. Director	Staff Phys.	8-2	2-72
2	3C. PHYSICIA		000	DEGNEE	23D. ADDRESS	York Ro	ad and Gre	enmead	ow Drive
	Don	ALD WOOD.	M.D.	The same of the same			m, Marylan		
24A.	BURIAL CREA	MATION, 248. DATE	24C. N	DEGREE AME of CEMETERY OF CR	EMATORY			(City, town,	
	REMOVAL (S	ipecify)							
25 A	Buria	1-71		oodlawn Cemeto		AL DIRECTO	Balto	· Md.	ADDRESS
ZJA.	MIC 9 1	1072	23B. NAME C	OF REGISTRAR		imunek I		T.	ADDRESS ,
- 1	Tenn	1312 / 100	my MI	WWW.	0 1	the same of the same of			nc. 3331 Brehm
/S 15	50-REV. 1/1/6	В	1.1 3		6	O JERNIE	Dalto. Mo	1. 27	713

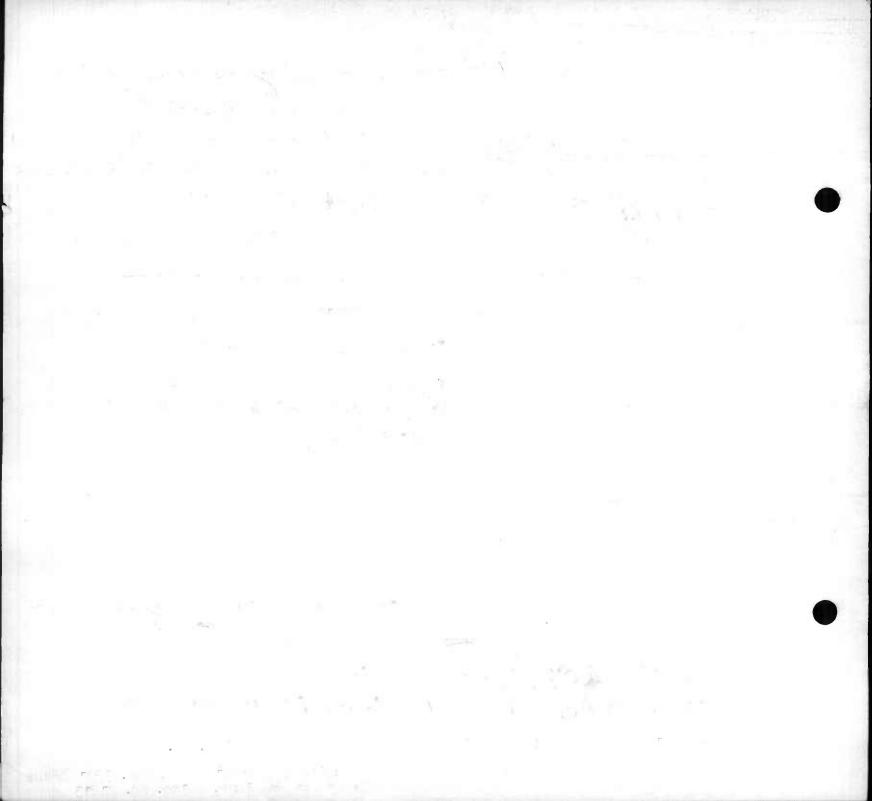


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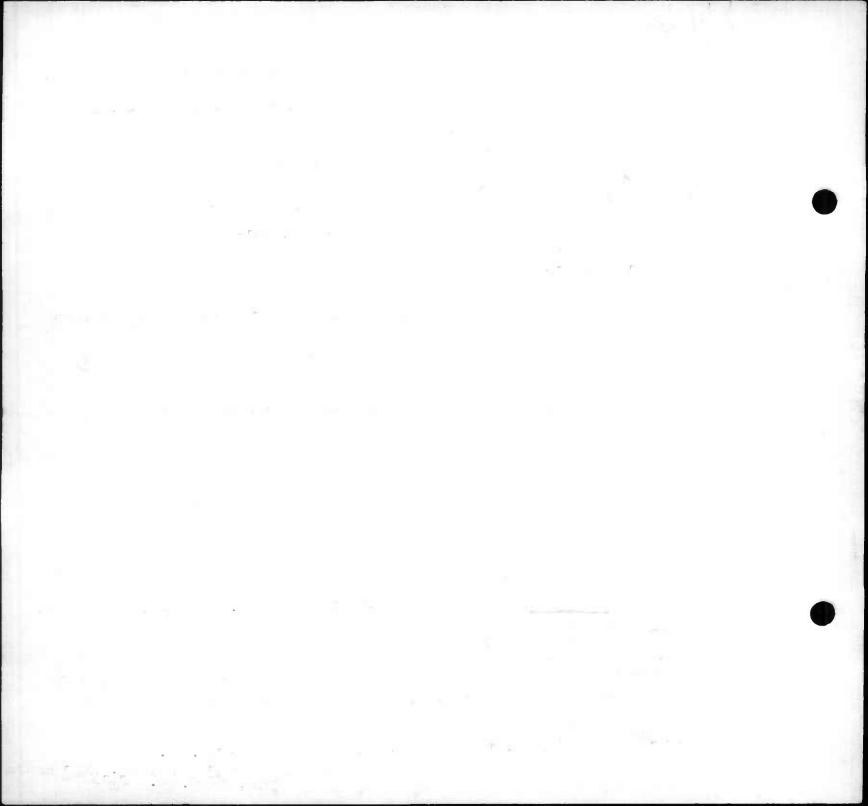


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

\\ \nu(0) 72 08227	BALTIMORE CITY	HEALTH DEPARTMENT		220 6 5
ISIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 08-27
1. NAME OF DECEASED (Type or Print)	) 0	2. DATE AL	NO HOUR OF DEATH	OF MARYLAND DRIFT
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	- leken	4. USUAL RESIDENCE IVAN		72 1720 PM M.
		A. STATE B. COU		nstitution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	C. CILY OR TOWN	side of	IDE CITY LIMITS?
midtown Home		Balt MA	21206	YES NO
90 808, st faul st.	10.00	E. STREET AND NUMBER	-10	001
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Dalt MU 21206
Female White WIDOWED A	DIVORCED	3124/85	lost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife at hom	е	Virgin	ia	U.SA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		1 ,
George Taylor		Lillian	To to	orco
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) III yes, give wor ar dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	12-05-8587-1		s (dghtr)	same as above
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	- Respusas	Jackeny	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,		CONSEQUENCE OF:	=11 NN	***************************************
injury ar camplication which caused death.)	Certer	industry	CUGIL	,
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il any, giving	(B) (Der o	A CONSEQUENCE OF:	portune	len
nise to the abave cause (A) stoling the UNDERLYING CONDITION last.	10	O J		
II	(c)	· · ·	***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN PART I (A).     19A-DATE OF OPERATION 1198. CONDITION FOR WHITE	CH OPPATION	170A	V 002	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 1	CH OFEKATION	20A. AUTOPSY? (Yes of No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	CE OF INJURY (e.g., in orm, foctory, street, aff	or obout 21 C. WHERE DID	(II In Boltimor	e City, give exact location)
	URY OCCURRED	215 HOW DID 1911	IIIV Occilion	
(APPROX) While A	Not While	21F. HOW DID INJ	URY OCCUR?	
Work  22. i certify that (i) (this haspital) attended the d	At Work	ا ا	-St. 0.	
that (i) (we) last sow the deceased alive on	eceasea fram		1971 to a	nier death occurred an the date
and haur and fram the causes stated above. (1) (W	(did nat) vi		ar in (my) (an) upri	men death occurred an the date
23A. SIGNATURE	N			238, DATE SIGNED
leelack Of suge	DEGREE Phys.		Staff Phys.	
23C-PHYSICIAN'S NAME (Type)	2	D. ADDRESS	tinte.	a ()
24A. BURIAL CREMATION, 24B. DATE   24C. NAME	DEGREE	6615 Their	Tas von	
REMOVAL (Specify)	Lawn Ceme te			ly, town, or county)    State)
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF R		25C. FUNERAL DIRECTOR	Balto. Md.	ADDRESS
AUG 31 1972 72 Tilly Mally	Kon n	SchimanekyF	uneral Home:	s, Inc. 3331 Brehms

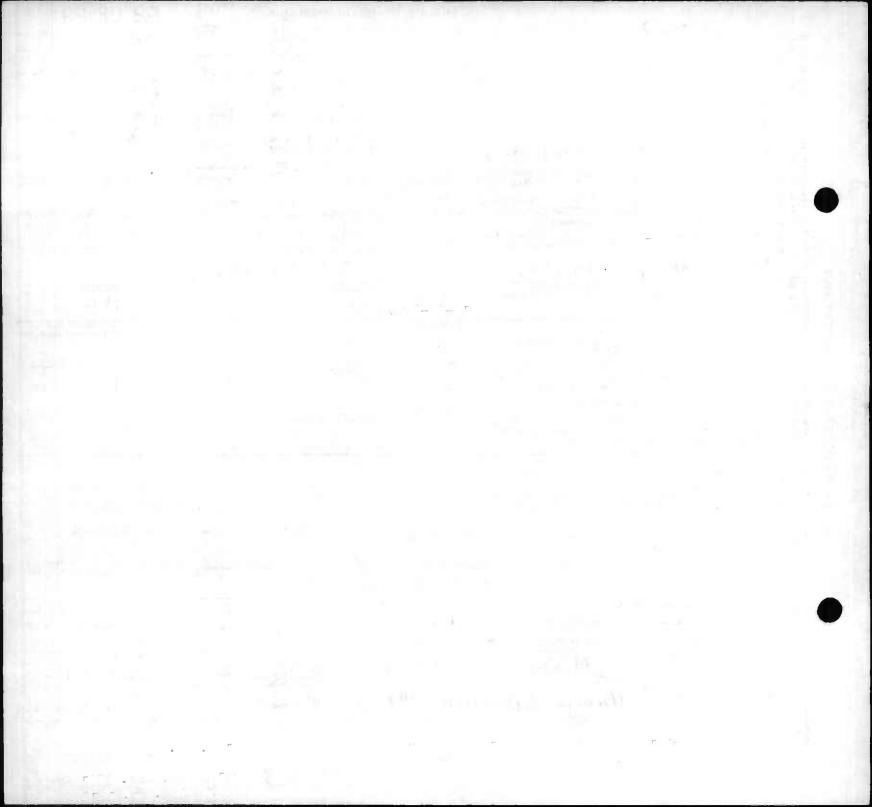


	111-1111 100 00 00		HEALTH DEPARTMENT	REG. NO.	72 08-28
	IRTH NO.	EKTIFICA	TE OF DEATH	STATE O	F MARYLAND DELAN
	Type or Print) Marsalek (-0.00		2. DATE	AND HOUR OF DEATH	
3	L PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (W	1 2 4/72 here deceosed lived. If in	stitution: residence before admission)
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	~ ~	C. CITY OR TOWN		DE CITY LIMITS?
4	Good Samaritan Wosgital	) .	Bullia	~	YES NO
	45		E. STREET AND NUMBER	lake A	~e,
5.	SEX 6. RACE 7. MARRIED NEV WIDOWED	ER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
110	DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINE		11. BIRTHPLACE (State or lo	54 treign country)	12. CITIZEN OF WHAT COUNTRY?
d	Covernment in a consistence of the content of the c		C Mai		
'	A FATHER'S NAME		14. MOTHER'S MAIDEN N		
	∨ ~dslav Marsalek		Bessie Pa	drilik	
(Y	i. Wos Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dolos of service)	URITY NO.	17. INFORMANT		ADDRESS
IL	no ala	097271	Marie Mars	alek (wife)	same as above
EDICAL CERTIFICATION	heot failure, ashenia, etc. It means the disease, injury ar complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause IAI stoling the UNDERLYING CONDITION last.  (OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH COMPANY WAS PERFORMED	DUE TO, OR AS OF TO THE PERATION  OF INJURY (e.g., in foctory, sheet, offi	CONSEQUENCE OF:  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes of Party of	IN CERTIFYING CAU	INDÍNOS CONSIDERED ISES OP DEATH?
2	(APPROX.) While A1 Work	Not While At Work			
	22. I certify that (1) (this hospital) attended the deced	sed from	4/3	19 72_to9	( 24 1971
. 11 1.1 . 11.1 . 1.1					Ion death occurred an the date
	23A. SIGNATURE				23B. DATE SIGNED
	Calmad A. Thanks, M.	GEGREE Phys.	ding Med. Director	Staff Phys.	8/24/72.
	23C. PHYSICIAN'S Nahmud A. The	mer,n.p	Baltin.	1 Samarit	
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of C	EMETERY OF CREA			, town, or countyl (State)
		deemer Cem	etery	Barto. Md.	
25	ALIGS 1 1972 258, NAME OF REGIST		Schamunek	Funeral Home	s. Inc ADDRESS 7 Brehms
VS	150-REV. 1/1/68	777	7 6 6		



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

nA		HEALTH DEPARTMENT		72 08-29	
## 72 (838) BIRTH NO.	9 CERTIFICA	TE OF DEATH	RESTATE	OF MARYLAND-DHMH	
(Type or Print) MOOSE GLADY	S May		NO HOUR OF DEATH	. 0 1	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Whe	ere deceased lived If in	stitution: residence below odmission	
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	M. STATE B. COUR	S.A.	DE CITY LIMITS?	
	1	Baltimore		YES NO	
Union Memorial H		E. STREET AND NUMBER	Frankford Av	e.	
Female White WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	3-17-12	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign countryl	12. CITIZEN OF WHAT COUNTRY	
	d's Drug	Maryland		U.S.A.	
CARRON, Charles		SMI TH,	Mary.		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serv	icel SECURITY NO.	17. INFORMANT		ADDRESS	
	276-38-3806	Chart		O.M.H.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF CONTRIBUTION GIVEN IN PART 1 (A).  1794. DATE OF OPERATION 1998. CONDITION FOR CONTRIBUTING CAUSE OF DEATH (nosity medical examined)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nosity medical examined)  21D. TIME (Month) (Doy) (Year) (Hourd OF INJURY (APPROX.)	e.g., DUE TO, OR AS  ving the  (C)  (A)  MMEDIATE CAU  DUE TO, OR AS  (C)  NG  NG	21F. HOW DID INJ	208 IF YES, WERE FIN CERTIFYING CAL	nhection.	
that (1) (we) last saw the deceased office	a 1		19 72 to 3/ at In(My) (our) opin	ion death occurred on the dote	
and hour and from the causes stated above. (*) (We) (did) (did-net) view the body after death.					
23A. SIGNATURE M. Shoc	M.D. Atter	nding Med.	Sheff Phys.	23R DATE SIGNED 8/27/72.	
23C. PHYSICIAN'S NAME (Type) Manya St	DEGREE	3D. ADDRESS Union Hemor		1 Baltimera Mc	
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CRE	MATORY 24D. L	OCATION (Cit	y, town, or county) (State)	
Burial 8/30/72	Holy Redeemer Cer	netery	Barto. Md.		
011000 10000	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	
VS 150-REV. 1/1/68	my winder	Persmunek the	ineral Homes	, Inc. 3337 Brehms	
A2 194-9540 IV IV 60	//		Lane, Balto	D. Md. 21 213	



cause

BALTIMORE CITY HEALTH DEPARTMENT 72 08330 REG. NO. 72 08331 CERTIFICATE OF DEATH (5) Deceased BIRTH NO. I. NAME OF DECEASED (Type or Print) CO A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission).

A. STATE

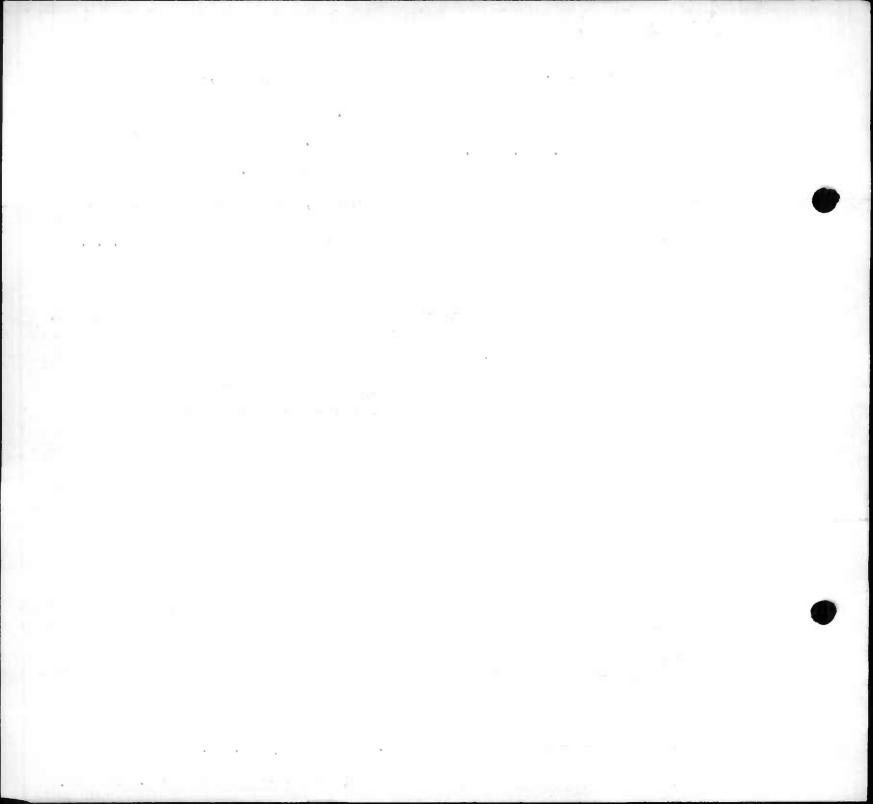
B. COUNTY death. 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD attendance FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN Undetermined cause; D. INSIDE CITY LIMITS? YES XX prior South Balto. Gen. Hosp. 1434 Boule made. in regular 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) deceased Il Under 1 Yr. Manths! Doys WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Maryland

14. MOTHER'S MAIDEN NAME Housewi U.S.A. Was 13. FATHER'S NAME the 4 Hanny Ying Ling.

15. Was Deceased Ever In C. S. Affined Forces?
(Yes, no or unknown) (If yes, give wor ar dates of service) eath HO 6. SOCIAL or final SECURITY NO. attendance 3-30-9466A 1604 Jackson 18. pronounced APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION lost before the remains Was П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). any nature; (2) Body 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218 PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (II in Boltimore City, give exact location) MEDICAL DEATH inatify medical exomined obtained 21 D. TIME OF INJURY (Manth) (Doy) (Year) 9 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except Not While While At IAPPROXI and 22. I certify that (1) (this hospital) attended the deceased from that (i) (we) last saw the deceased alive an\_ and that in (my) (aur) apinion death accurred on the date An accident of hospital eath) and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 7 Attending [ 0 approval 8 SC. PHYSICIAN'S NAME (Type prior 23D. ADDRESS to D.O.A. deceased written ap 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) edar Hill ( emt. SDM ully Euneral Home 130 E. Fort Ave. 21230 VS 150-REV. 1/1/68

NO

Il Under 24 Hrs.



1	A / BALTIMORE CITY	HEALTH DEPARTMENT 72 083	31
בססב	12 US331 CERTIFICA	TE OF DEATH	J.L.
ase ase th th	DIRITI IVO.	2. DATE AND HOUR OF DEATH	ND-DHMR
f dear ecease on th h. Suc	(Type or Print)  Ben amin  Neo it an  3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decrosed lived, If institution; reside	P M.
		A. STATE B. COUNTY  Maryland	103
use dan de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		5?
ng cause o cause; (5) D affendance ior to deat	Da 11 D. 11. Garard Haspital	BALTIMORE P. INSIDE CITY LIMITS YES X	NO 🗌
	South Baltimore General Hospital	2536 Foster Avenue 2536 Foster Avenue	
but lar d p	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Y	fr. If Under 24 Hrs.
tr. Begun	Mode White WIDOWED DIVORCED	3-17-25 47	
00 - 0 -	IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)		OF WHAT COUNTRY?
or s in	Plumber Noonan Heating & Plumbing	,	5, A.
direct or control (4) Under the was in the decontrol disposition	William H. Noonan	14. MOTHER'S MAIDEN NAME Rose Lawicki	
	15, Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	K Carl 6 C.	DRESS
he deat deat ce o	yes   WW II   SECURITY NO.   219-12-6983	Mrs.Rose Lawicki 7100 Martell, Ave	
* > = = = = = = = = = = = = = = = = = =	18. 52/0 14/9/ CAUSE OF DEATH	Dundalk, Md. 21	PPROXIMATE INTERVAL
den +0	DISEASE OR CONDITION DIRECTLY Cachex	ia. Bladeng esopheseed in	rock than
A e c t E	(This does not meon the mode of dying, e.g., (A) IMMEDIATE CAUS	SE CONSEQUENCE OF:	-greenes
actu pro ular mba	hearl failure, osthenio, etc. It means the disease, injury or complication which coused death.)	l hypertensión	New Than
fra ho egu	ANTECEDENT CAUSES  (B)		7
X ( ) Z	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the	CONSEQUENCE OF:	so Than
_ 0 =	UNDERLYING CONDITION IOSI, (C) /// (C)	ell times corage.	ylenis
nedical burns; physici an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	title Carcinoma of aldominis	
by a med 2) Body bu re the phy physician fore the re	4   DISEASE OR CONDITION GIVEN IN PART 1 (A).	20 M. AUTOPSY? (Yes or No!) 208. IF YES, WERE FINDINGS CO!	NSIDERED
Body the pysicie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Bleeding Exceptageal various	IN CERTIFYING CAUSES OF DEAT	TH?
	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID (If in Baltimare City, give exc	oct lacotlan)
italital	DEATH (notify medical examiner)		
hospi natur ept w d (6) I	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While AJ Not While	21F. HOW DID INJURY OCCUR?	
the he excep and (	22. I certify that (I) (this haspital) oftended the deceased from	8-3 1972 to 8-2	6 19 72 .
0 0 0 0	that (1) (we) last sow the deceased alive on \( \begin{align*}     & -26 \end{align*}	19 172 ond that in(my) (our) opinion death o	
sed to int of pital eath) ust be	ond hour and from the causes stated above. (1) (We) (did) (did not) vi		
dent ospit deat must	23A. SIGNATURE	23B. DATE SI	GNED
a h	DEGREE Phys.		-6/72
was r A. at a prior	NAME (Type)	300, South Hamiler St. Belly	01.20
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREATERY	MATORY 24D. LOCATION (City, town, or co	whity) (State)
s: (D. O.	Burial 8-30-72 Sacred Heart of J	Jesus Cemetery Baltimore, Maryla	and
the bod shows: was D.( decease	25A, DATE REC'D BY HEALTH DEPT . 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
₹ 5 5 5 3	AUG 3 I 1912 / John July 9	John Jo Duda 7922 Wise Ave. Dun	dalk, Md.
	VS 150-REV. 1/1/68		

to Baltimore, General Toyotal

I certify that I				Autopsy	and that on	this basis,	death In	my opinion		
resulted from:	Notural cous	Ac Ac	cldent X	Sulcide	Homicide 🗌			er 🗌		
CTUAL	T	11	017	100	CHIEF MEDICA	L EXAMINER			DATE	SIGNED
GNATURE	SU	M	ovu	CHE .	ASSISTANT MEDICA	L EXAMINER	X		DAIE	SIGNED
XAMINER'S	Peter 2	pkovic	M.D.		ASSOCIATE MEDICA	LEXAMINER		August	26,	1972

NAME (Type) 24A, BURIAL CREMATION. 24B. DATE 24C, NAME of CEMETERY or CREMATORY REMOVAL (Specify)

Baltimore.

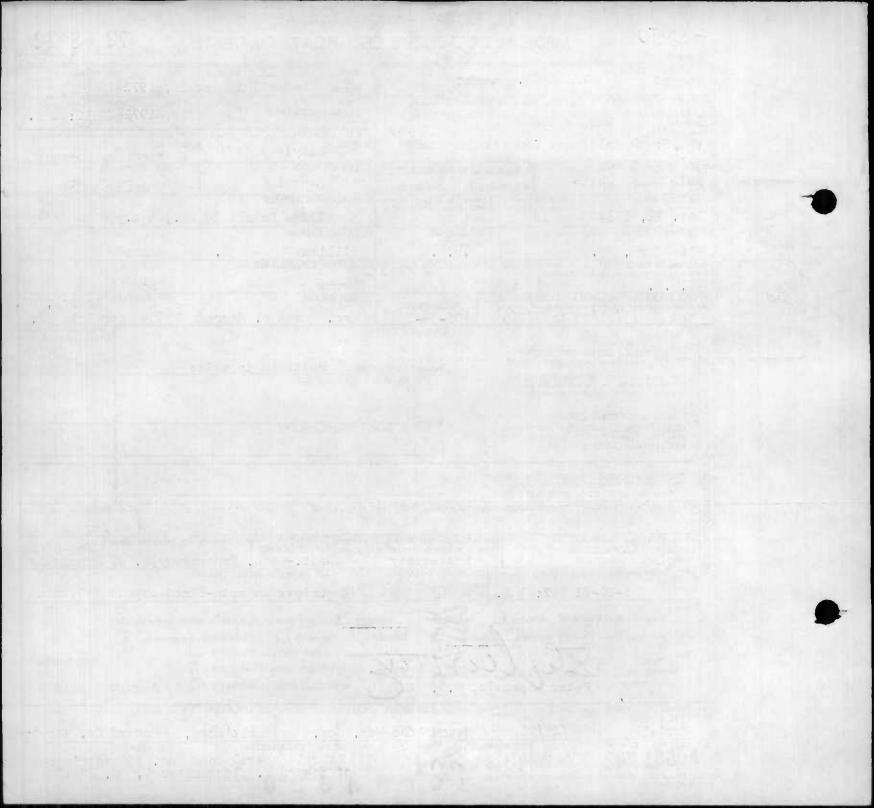
24D. LOCATION (City, lown, or county) (Siate)

Howard Co. Maryland

8/28 Buria] Meadowridge Mem. Cem. 25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR AUG31

25C. FUNERAL DIRECTOR ADDRESS Laurel Funeral Home Inc. 550 Washington Bloof Howard M. Fleck Laurel, Md. 20810 of Howard M.

VS 151-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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lso, if of any ounced ttendaried or f	-
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exam exam (3) A fi an who in reg	
medical nedical burns; bysicic an was remair	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	4
This the showas was	

BALTIMORE CITY	HEALTH DEPARTMENT 72 (8233							
D-250 72 0833 CERTIFICA	TE OF DEATH REG. NO. TE OF MARYLAND DIEME							
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
Type or Print) DIXON, ALBERT (NMI)	8-23-72   5:30 A. M.							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE  B. COUNTY  14. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	D. C. C. CITY OR TOWN D. INSIDE CITY LIMITS?							
Veterans Administration Hospital	WASHINGTON YES NO DE STREET AND NUMBER							
3900 Loch Raven Blvd., Baltimore, Md. 21218	1719 Kilbourne Road, N. W.							
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.							
MALE NEGRO WIDOWED DIVORCED	4/26/10 lost birthday) Months Days Hours Min.							
10A, USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?							
CLERK	SNOW HILL, N. C. U. S. A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
THOMAS E. DIXON	MATTIE TURNAGE							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. Medical Records ADDRESS							
YES 11/2/43 to 11/14/45 579 03 65 11	VA Hospital, Baltimore, Md. 21218							
1B. / CAUSE OF DEATI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								
	METASTATIC CARCINOMA OF 1 year							
heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)	heart failure, asthenia, etc. It means the disease,							
ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, if ony, giving  (B)  DUE TO, OR AS	A CONSEQUENCE OF:							
rise to the obove couse (A) stoling the UNDERLYING CONDITION tost. (C)								
\								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	oscopy (R) Anterian Thoracotomy determined agnosis and curability of lesion							
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
198. CONDITION FOR WHICH OPERATION WAS PERFORMED See above	YES IN CERTIFYING CAUSES OF DEATH?							
U 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in one, form, foctory, street, of	n ar about 21 C. WHERE DID (If In Baltimare City, give exact location)							
DEATH (nafify medical examiner)	ince stug, instant occon:							
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
(APPROX.) While At Work At Work								
22. I certify that (V (this hospital) attended the deceased from	July 7 19 72 to August 23 19 72.							
	19 72 and that in (m/) (our) opinion death accurred on the date							
ond hour and from the couses stated above. (1) (We) (did) (did) fight )								
23A. SIGNATURE	23B, DATE SIGNED							
A. ). M. Sugar Maria Arter	nding Med. Staff & 8/23/72							
	23D. ADDRESS							
WILLIAM SHAW, M. D.	VA Hospital, Baltimore, Md. 21218							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE								
Bureal 8-31-72								
	PARK PRINCE GEORGE, MARYLAND ADDRESS							
AUG31 1972 Troping but hand	John T. Rhines Company Funeral Home							
VS 150-REV. 1/1/6B	3015 12th Street, N. E., Washington, D. C.							

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0 1/11		BALTIMORE CITY	HEALTH DEPARTMENT		
BIKIH NO.	0833	1 CERTIFICA	TE OF DEATH REG. NO.	72 05234	
1. NAME OF DECEASED (Type or Print)	Sara	L TONEY	2. DATE AND HOUR OF DEATH	77. 1 7 20 0	
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONG	DUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in	nstitution: residence before odmission)	
FULL NAME OF HOSPITAL OR ADDRESS OR LO	TTAL OR INSTI	TUTION, GIVE STREET	MARYLAND	DE CITY LIMITS?	
Mareland	Gene	ral Hospite	10.1113	YES NO THE	
+ 8 Baltimore	, Ha	igland	E. STREET AND NUMBER 6/09. PCO	irm Parane.	
S. SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH 95 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	
FEMALE WHITE	WIDOWED		7-/2-XX   last birthdoy)	Months Days Hours Min.	
IOA. USUAL OCCUPATION (Give kind of we form during most of working life, even if refired	ork 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at foreign country)	12. CITIZEN OF WHAT COUNTRY?	
HOUSEWIFE		HOME	XXXXXXXXXXXXXXXX LATVIA	USA	
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	1 00%	
MATHIAS TONEY			YETTA ?		
5. Was Deceased Ever in U. S. Armed F Yes, no ar unknown) (III yes, give war et do	orces? les of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS FARMS RD	
_ NO		213-18-2196	MRS. ANNETTE MEYERS. 3423	GARRISON KOKK #2120	
DISEASES OR CONDITIONS, if size to the above cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONDITION GIVEN IN PARTICIPATIONS CONDITIONS CONDITIO	es any, giving the stating the ONTRIBUTING THE TERMINAL	(b) Carro DUE TO, OR AS (C) To	A CONSEQUENCE OF: d75 tant organs ydration 3) Metast	tastario 8 monch	
19A. DATE OF OPERATION 19B. CO	NOTION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE IN CERTIFYING CAN	FINDINGS CONSIDERED USES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218 hon etc.	ne, form, foctory, street, of	n or obout 21 C. WHERE DID (If In Boltimar. lice bldg., INJURY OCCUR?	e City, give exact lacation)	
21D.TIME (Month) (Day) (Year OF INJURY (APPROX.I		INJURY OCCURRED  ILLE At While At Wark	21F. HOW DID INJURY OCCUR?		
22. 1 certify that (1) (this hospita	i) attended t		May 15 197210 100	QUIT 28 1077	
that (1) (we) lost saw the deceased alive on August 8P 19 70 and that In(my) (our) apiwian death accurred on the date					
and hour and from the causes ste	ated abave. (	(Wed (did) (did not) v		and decin decorred on the dote	
23A. SIGNATURE 74. CA	In.	14 6	nding Med. Staff	23B. DATE SIGNED	
23C. PHYSICIAN'S NAME (Type)	/	DEGREE Phys	Director Phys.	8128172	
	UN Y	IN M.D	May land Garage DE	1015-t. D	
4A. BURIAL CREMATION, 24B. DATE	UN 5	AME of CEMETERY OF CRE	Maryland General H	lospitul y, town, or county) (State)	
BURIAL 8/29/7	2 SH	AME OF CEMETERY OF CRE	Maryland General H		
REMOVAL (Specify)	2 SH	AME OF CEMETERY OF CRE	Maryland General H MATORY 240. LOCATION (Cit	LAND	

TOTAL SECTION AND ADDRESS OF THE PARTY OF TH

This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospitol and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

	77 (8075	TE OF DEATH  REG. NO.  REG
	1. NAME OF DECEASED (Type of Print)   1000 0 0 0000	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence below admission)
	FULL NAME OF HIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimone City 530
	University of Maryland Hospital	XXXXXXBALTIMORE YES NO
	BALTO. MA.	6800 Liberty Rd- And 504
	5. SEX ALE C. RACE WHITE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years   11 Under 1 Yr. It Under 24 His. Manths: Days Hours Min.
	10A. USUAL OCCUPATION (Give kind al wark 108, KIND OF BUSINESS OR INDUSTRY done during most of warking life, even if relired)  DEPT.+OF EDUCATION	WASHINGTON, D. C.  WASHINGTON, D. C.  XUSA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. Was Deceased Ever in 0. S. Armed Forces? (Yes, no or unknown) (III yes, give war or dates of service)  SECURITY NO.	17. INFORMANTICO I ben, SARAH ADDRESS
	SECURITY NO. 212-12-9681	MRS. MIRIAM BOBYS,6800 LIBERTY RD., APT. 504
	18. 189. O I CAUSE OF DEATH	
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	( Cell Ch = m. tastus: 3
	(This does not mean the made of dying, e.g., heart failure, osthenia, etc. it means the disease, injury or complication which caused deoth.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	
	LINDER VING CONDITION I	A CONSEQUENCE OF:
	CO(C)	***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 178. CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE SIGNIFICANT CONDITION OF WHICH OPERATION WAS PERFORMED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTIONS  21A. ACCIDENT WAS UNDERLYING CONTRIBUTIONS CONT	
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
-11	OR CONTRIBUTION OF THE OWNER OWNER OF THE OWNER OWN	n oi abaut 21C, WHERE DID (If In Baltimare City, give exact lacation) fice bidg., INJURY OCCUR?
		21F. HOW DID INJURY OCCUR?
	While At Not While Work Not Work	
	22. I certify that (this hospital) attended the deceased from	
	ond hour and from the causes stoted store. (1) (W) (did) (did not) vi	19 7 ond that in (my) (see ) opinion death occurred on the date
I	23A. SIGNALURE	ew the body offer deoth.   23B, DATE SIGNED
	Phys.	Iding Med. Staff 27 Aug
	white tribes	UNIV. of MARY (And Hospita)
	STEPHEN D. ROSENBAUM MD DEGREE 24C. NAME of CEMETERY OF CREATERY O	COMPAND + Greene St.
	BURIAL 8/29/72 GEORGE WASHINGTON	(Sine)
	AUG31 1972 Solvey Ash Shall	25C. FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
14	S 150-REV. 1/1/6R	

VS 150-REV. 1/1/68

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CIT	Y HEALTH DEPARTMENT					
	ATE OF DEATH REG. NO. 72 (18037)					
Type or Print HENDERSON HERER	2 DATE AND HOUR OF DEATH					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decedsed lived, if institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 27 40					
INSTITUTION A DE F	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Sinai tospital of Batimore	BALTIMORE YES NO					
142	E. STREET AND NUMBER					
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	6503 PARK HEIGHTS AVENUE, APT. 1L  8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Here					
Make Cancasian WIDOWED DIVORCED	424/17 lost birthdoy Months Doys Hours Min.					
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	Y 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY					
SALESMANAGER M. KOVENS CO.	BALTIMORE, MARYLAND USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
JOSEPH HENDERSON	MARY ?					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give war ar dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS APT. 1 L					
NO	MRS. SYLVIA HENDERSON, 6503 PARK HGHTS. AVE.					
The state of the s	you hice for fibrillation - reval failure Between onset and death					
LEADING TO DEATH  (This does not meen the mode of dying, e.g.,  (A) IMMEDIATE CA						
heart failure, asthenio, etc. Il means the disease.	A CONSEQUENCE OF:					
injury or camplication which caused death.)  ANTECEDENT CAUSES	shork Dary to leucopenia and					
(n)	Psey Domonas refection					
tise to the above couse (A) stoling the	Reticulum cell sarcorua =					
II abce	os of abdominal wall					
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (A)						
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED					
WAS PERFORMED necrosis Baile of	20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., lord contributing CAUSE OF large, form, foctory, steet, o	in or obout 21C, WHERE DID  (If In Boltimore City, give exact location)  (If In Boltimore City, give exact location)					
DEATH (natify medical examine)						
21D-TIME (Manth) (Doy) (Yees) (Haud 21E fNJURY OCCURRED While At Not While	21 F. HOW DID INJURY OCCUR?					
Work At Work						
22. I certify that (I) (this hospital) attended the deceased from 19 72 to 19 72 that (I) (we) last saw the deceased olive on 19 72 and that in (my) (our) opinion death occurred on the cand hour and from the causes stated abave. (I) (We) (did) (did not) view the body ofter death.  23A. SIGNATURE						
					oscass Phy	
					H. LEVELLYE	23D. ADDRESS
					24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 8/29/72 OHEB SHALOM MEM	DRIAL PARK REISTERSTOWN, MARYLAND					
AUG 3 1 1972 258, NAME OF REGISTRARY	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD					
VS 150-REV. 1/1/68						

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	7 153	BALTIMORE CITY	HEALTH DEPARTMENT		72 (8238
BIRI	77 05020	CERTIFICAT	TE OF DEATH	REG. NO.	HINHU-UMYINAYA ac
	DE OF Print)	TOW	2. DATE AND		5.2
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		V G B. O 8		stitution: residence before admission
J. 1	PLACE IN BACIIMORE MARIEAND, WHERE PRONOUNCE	CED DEAD	A. STATE BY COUNT		1201
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	C. CITY OR TOWN	ID INSII	DE CITY LIMITS?
1	STITUTION	11 20	Balt: more		YES A NO
1-	The Union Memorial A	regilal	E. STREET AND NUMBER	01 0	00 10
				Clearles	St. Apr. 1316
5. S	MALE 6. RACE WHITE 7. MARRIED WIDOWED	NEVER MARRIED	06-26-98	AGE (In yeors	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF 8U e during most of working life, even if retired)	ISINESS OR INDUSTRY	1. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	2	EMPLOYES	Mass , BI	OSTON	American
13.	FATHER'S NAME	4	4. MOTHER'S MAIDEN NAM	E ANNIE SCI	HAPIRO
	groud berg, XXXX	KKKK filmry	XXXXXXXXXX	EXXX XXX	KXACYAKI KAKEL
15. \ (Yes	Was Deceased Ever in U. S. Armed Forces? 16 s, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	7. INFORMANT	CHAPEL INC	., 470 HARVARD ST.
	TEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	17.7.38.7.285.1xx	- [[]		MASS. XXXXXX 02146
	18.4/019	CAUSE OF DEATH	(		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		Land: marin	atry kor	1 2 0 m
	(This does not meon the made of dying, e.g.,	(A) IMMEDIATE CAUS	CONSEQUENCE OF:		
	heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)				
	ANTECEDENT CAUSES	(0)	ute Miscean	dial duy	farefor 3 days.
	DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS A	CONSEQUENCE OF:		•••••
	rise to the above cause (A) stoting the				
	UNDERLYING CONDITION last.	(c)			
_	UNDERLYING CONDITION lost.	(c)			
NOI	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	(c)			
ICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		[20 A. AUTOPSY? (Yes or No)]	20B. IF YES. WERE F	INDINGS CONSIDERED
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		20 A. AUTOPSY? (Yes or No)	208, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19.A. DATE OF OPERATION 19.B. CONDITION FOR WHI WAS PERFORMED  21.A. ACCIDENT WAS UNDERLYING 21.B. PL.	ICH OPERATION  ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?  City, give exoct location
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MEDICAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. IN While Work  22. 1 certify that (1) (this haspital) attended the that (1) (we) last saw the deceased alive an	ACE OF INJURY (e.g., in form, foctory, street, offi  JURY OCCURRED  At Not While At Work  deceased fram 0 2  We) (did) (did nat) vi	or obout 21C. WHERE DID ce bidg., INJURY OCCUR?  21F. HOW DID INJU  3 - 2 2 - 19  19 2 and tha ew the bady after death.	(If in Boltimore RY OCCUR?  2 2 ta 2 fin(my) (aur) opin	DISES OF DEATH?  City, give exoct location  2 ( - 19 ) 2,  Italian death accurred an the date
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WEDICAL WEDICAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PL. OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. IN While Work  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (Year)  23A. SIGNATURE  23C. MEXICANS NAME (Type)  DANTE MANYA C.  A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  EMOVAL—BURIAL 8/27/72  CRAWIF	ACE OF INJURY (e.g., in form, foctory, street, offi  JURY OCCURRED  At Not While At Work  deceased fram O  We) (did) (did nat) vi  GEGREE  E of CEMETERY OF CREATER  FORD ST. MEMO	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?  21 F. HOW DID INJURY  19 2 and that ew the bady after death.  ding Med. Director St.	(If in Boltimore RY OCCUR?  Print (my) (aur) opin  Haff hys. (Cation (Cit	DISES OF DEATH?  Distribution  City, give exect location  2 4 - 19 2 2,  It and death accurred an the date  23B. DATE SIGNED  08-24-)2  Exercised Floration  (Stote)  MASSACHUSETTS  ADDRESS

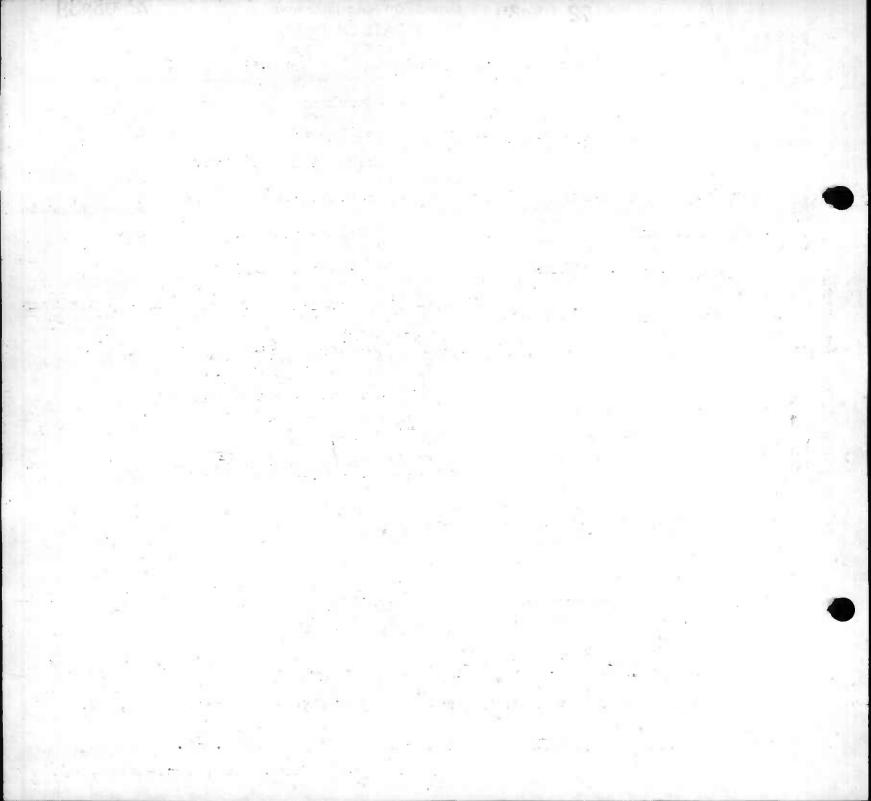
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V	-21/1	72 0	8339		HEALTH DEPARTMENT	REG. NO.	12 08339
	H NO. T			CERTIFICA	TE OF DEATH	STA	OF MARYLAND-DHM
	e or Print)	HELEN	GERTR	UDE VOGEL		ND HOUR OF DEATH	
3. P	LACE IN BA	LTIMORE, MARYLAND, W			4. USUAL RESIDENCE (Who	ere deceased lived. If	72   institution: residence before admission
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland	NTY	2706 SIDE CITY LIMITS?
/	20	2401 Hamil	ton Av	enue	Baltimore E. STREET AND NUMBER		YES NO NO
00					2401 Hamilton Ave.		
5. 5	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
	emale	caucasian			Apr.17,1900	72	
		UPATION (Give kind of work working lile, even if retired) Wife	108. KIND OF	BUSINESS OR INDUSTRY	Baltimore,		USA
13. [	ATHER'S NA	ME			14. MOTHER'S MAIDEN NA		
	Willi	am T. McGlo	ne		Anna L. Co	llins	
S. V	Vos Decease	d Ever in U. S. Armed Form	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no			213-74-022	8 Mr.Joseph	C. Mansue	ti,1273 Gitting
	1B. / 5	331		CAUSE OF DEAT	H		APPROXIMATE INTERVA
ICATION	OTHER SIGNITO THE DEADISEASE OR	OR CONDITIONS, if above couse (A) G CONDITION last.	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR	(c)	D-Glnd		CLETE
ERTIF	0	WAS PERI				IN CERTIFYING CA	AUSES OF DEATH?
CALC	21 A. ACCIDE OR CONTRIB DEATH (notif	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	21 B hom etc.	PLACE OF INJURY (e.g., ine, larm, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)
	21 D. TIME OF INJURY	(Month) (Doy) (Year)	1	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
<	(APPROX.)	-	Wo	ile At Wak	" _ \		
	22. 1 certify	that (1) (this haspital	<del>) att</del> ended t	he deceased from	NIL	1965 to a	UL J7 197
	that (1) (ye	) lost sow the decease	d olive on	aug 18	79 7 ond tl	hot in (my) (our) op	Inlandeoth occurred on the
- 1			red obove. (I	) (W6) (did not)	view the body ofter death.		
-	Z3A. SIGNAT	00001111	1111	AIN AIN	ending Med.	Staff	23B. DATE SIGNED
	23C. PHYSICI	AN'S	nun	DEGREE Phy	23D. ADDRESS	Phys. 🗀	erug of 111
	NAME (	Dr. Donal	Id M	Mintzer		een Ave,	Balto, Md.
24A	BURIAL CR	EMATION, 248. DATE		AME of CEMETERY OF CR			Balto, Md.  City, town, or county) (Stote
25A	Buria	1 8/30/		w Cathedral	25C. FUNERAL DIRECTO	Balto. Md.	ADDRESS
	AUGS	T 1915 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	way the	Janes C	Legnard g.	Ruck, In	cBalto, Md.
15	SO-REV. 1/1/	/6B	11		- 23		

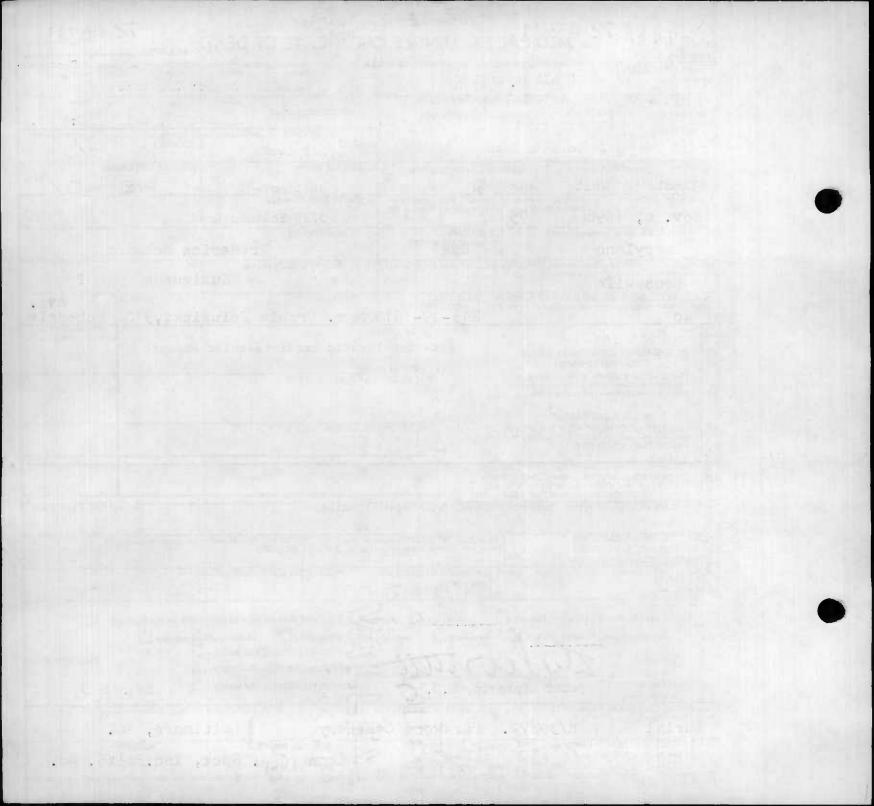


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	. '70	00-	BALTIMORE CITY	HEALTH DEPARTMENT		72 08240	
1-524	12	0834	CERTIFICA	TE OF DEATH	REG. NO	OF MARYLAND-DHMH	
NAME OF DEC	CEASED				AND HOUR OF DEATH		
Type or Print)	Anthony DiAng	207.0			ist 28,2972	11:15	
	TIMORE MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before odmission)	
FULL NAME OF			UTION, GIVE STREET	Maryland B. COL	UNTY	2745	
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
Edge	wood Nursing	Home		Baltimore,		YES X NO	
90				6208 Alta Ave			
ŠEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.	
Male	White	WIDOWED	DIVORCED [	Sept.24,1903	last birthdox 8	Months Doys Hours Min.	
	working life, even if retired) Tile Setter	108, KIND OF	BUSINESS OR INDUSTRY	I taly	oreign country)	U.S.A.	
3. FATHER'S NA	ME	1		14. MOTHER'S MAIDEN N	AME		
Anth	ony Peter DiA	ngelo		Teresa J	Antiono		
. Wos Deceased	Ever in U. S. Armed For	ces?	16. SOCIAL	17. INFORM ANT		ADDRESS	
No	, yes, give wor or date	0: 3614[66]	218-09-0710	Mr James J Di	i Angelo	Same	
18./62	). / 1		CAUSE OF DEAT	Ĥ		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISEA	SE OR CONDITION DI	RECTLY		10 14	,	SCINCEN GUSET AND BEAT	
	LEADING TO DEATH		(A)IMMEDIATE CAL	ISE CONSEQUENCE OF:	wy	nenetty	
	nol meon the mode of osthenio, etc. Il meons		DUE TO, OR AS	A CONSEQUENCE OF:	1		
	mplication which coused			V	0		
	ANTECEDENT CAUSES		(2)				
DISEASES	OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
rise to th	e obove couse (A)						
UNDERLYIN	G CONDITION lost.		(c)	*****			
OTHER SIGNI		NTRIBUTING			_		
	TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR				***********		
19A.DATE OF	F OPERATION 19B. CON WAS PER	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?	
19A. DATE OF	NT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.a i	n or obout 21 C. WHERE DID	(If in Boltime	ore City, give exact location)	
OR CONTRIB	UTING CAUSE OF medical examiner	hom etc.	ie, form, foctory, street, of	ffice bldg., INJURY OCCUR?	m m vomm		
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
(APPROX.)	While At Not While			е			
		Wo			7 - 7	2	
22. I certify	22. I certify that (1) (this hospital) attended the deceased from tuylo 19 72 to any 28 19 12						
that (I) (we)	) lost sow the decease	d alive on	8/28/70		that in (my) (arr) of	oinfon death accurred on the dot	
and hour on	d from the couses sto	ted obove. (I	(did) (did not)	iew the body after deotl			
23A. SIGNAT						23B. DATE SIGNED	
-4	toll upon		AAA AHe	nding Med.	Shaff	diah.	
1//	my my cen		DEGREE Phy	s. UE Director	Phys.	18/29/10	
NAME (	Type)			23D. ADDRESS		, , ,	
	Mark Duga	an M.D.	DEGREE	15 E. Bid	dle St Balti	more, Maryland	
A. BURIAL CRE	MATION, 24B. DATE		AME of CEMETERY or CRI			City, town, or county) (State)	
Burial	(Specify) 8/31/72	) Ha	ly Redeemer	R	altimore, Ma	ryland	
			And the second second	The second secon			
BILAG A	BY HEALTH DEPT	258, NAME C	OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS	
AUG31	1912 Told	weep from	WHY THE	Leonard J	uck I c. Bal	timore, Md	
S 150-REV. 1/1/	68	1					

o di massi in di e la morrisa igis 190 to

STATE OF MARY BALTIMORE CITY HE	PALTIL DEDART INTE						
D-660 72 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 72 08341						
1. NAME OF DECEASED CECELIA U. DRUERY	2. DATE Known K) Month Doy Year Hour OF DEATH Estimated August 26, 1972						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Day Yeor Hour August 26, 1972 5:48 P.M.  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
OO 3729 Yolando Road	A. STATE Maryland B. COUNTY						
6. SEX 7. RACE B. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore  D. INSIDE CITY LIMITS?  NO						
P. DATE OF BIRTH Nov. 6, 1896  10. AGE (In years   # Under 1 Yr. If Under 24 Hrs. Months, Days   Hours   Min.	. IE. STREET AND NUMBER						
Maryland  11. BIRTHPLACE (Stole or foreign country)  Maryland  12. CITIZEN OF WHATCOUNTRY?	13. FATHER'S NAME Frederick Schmidt						
14A-USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired) HOUSEWIIE	Y 15. MOTHER'S MAIDEN NAME  Kunigunda ?						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  NO  215-09-181	18. INFORMANT ADDRESS Ave.  O Mrs. Ursula Seluzicki, 3104 Echodale						
19.// 2 41 CAUSE OF DEA							
(This does not meon the mode of dying, e.g., heart failure, osthenia, etc. it meons the disease, injury or complication which coused deoth.)	CAUSE AS A CONSEQUENCE OF:						
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   208. CONDITION FOR WHICH OPERATION W.							
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No) NO						
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, farm, loctory, street, office uting Cause of Death.	In or obout 22C. WHERE DID (If in Baltimore City, give exact location) to bidg., etc.) INJURY OCCUR?						
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT	WHILE						
i certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion							
resulted from: Natural causes (C) Accident Suicident	de Homicide Undetermined manner CHIEF MEDICAL EXAMINER						
SIGNATURE EXAMINER'S Peter Lipkovic, M.D.	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER August 27, 1972						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)						
Burial 8/30/72. Parkwood C	emetery Baltimore, Md.  25C. FUNERAL DIRECTOR ADDRESS						
AUG31 1972 Dedicy Shows on (5 151-REV. 1/1/68	Leonard J. Ruck, Inc.Balto. Md.						



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final disposition is made.	written approval must be obtained before the remains are embalmed or final disposition is made.
ance on the deceased prior to death. Such	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
d death was in regular attendance on the	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
y kind; (4) Undetermined cause; (5) Deceased	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
f the direct or contributing cause of death	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
assistant it dearn occurred in a nospital and	Inis certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	1 - 1				HEALTH DEPARTMENT		MO 00 10	4
1	4-240	72	0834	CERTIFICA	TE OF DEATH	REG. NO.	72 08212 MARYLAND-DHMH	
	IM NO.	EASED			2. DATE AND	HOUR OF DEATH	WARITHWA-DUME	
(Ту	pe or Print) (	Gertrude R	Heckel		Anguet	25 1072		м.
3.		TIMORE MARYLAND, W		JNCED DEAD	4. USUAL RESIDENCE Where	deceased lived. If in	stitution: residence before admissi	on)
-	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				Maryland	T	7721	
HO	LL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	JIION, GIVE STREET	C. CITY OR TOWN	n INSI	DE CITY LIMITS?	
	SILIUTION				Baltimore	5. 11431	YES NO	
					E. STREET AND NUMBER		*	_
	4211 1	leckel Ave			4211 Heckel Ave			
-	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr. , If Under 24 F Months: Doys Hours Min.	ıs.
F	emale	White	WIDOWED	DIVORCED	Sept. 224 1924	47	74.11	
			10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUN	RY?
-		working life, even if retired)			Monard		U.S.A.	
	FATHER'S NA				Maryland 14. MOTHER'S MAIDEN NAM	E	0.D.A.	_
	Tom	o C W	a de la					
16	Jame	es C Morger	etn	1 6. SOCIAL	Margaret A	Marx	ADDRESS	
Ye	s, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.			ADDRESS	
	No			218-14-2200	Mr Albert L H	leckel	Same	
ATION	DISEASES (ise to the UNDERLYIN OTHER SIGNII TO THE DEA	ANTECEDENT CAUSES  OR CONDITIONS, if e above couse (A) G CONDITION lost,  II FICANT CONDITIONS CO TH BUT NOT RELATED TO T	ony, giving stating the NTRIBUTING HE TERMINAL	(B)(DUE TO, OR AS	A CONSEQUENCE OF:		,	
CERTIFICA		OPERATION 19B. CON WAS PER	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?	
CAL CEI	21 A. ACCIDE OR CONTRIB DEATH (notify	NT WAS UNDERLYING DITING CAUSE OF	21 B, hom etc.)	e, faim, foctory, street, o	n or obout 21 C. WHERE DID iffice bldg., INJURY OCCUR?	(If in Bottimore	e City, give exoct location)	_
MEDI	21 D. TIME OF INJURY (A PPROX.I	(Month) (Doy) (Year)		INJURY OCCURRED  le At		RY OCCUR?		
	22. 1 certify	that (1) (this haspita				77 to 8	125 1975	2
	22. I certify that (I) (this haspital) attended the deceased from 4 2 19/2 to 8/25 19/2, that (I) (we) last saw the deceased alive an 5/7 19/2 and that in (my) (our) opinion death accurred on the date							
				(did) (did did	iew the bady after death.			
	23A. SIGNATU		2017		The coap and dooling		238, DATE SIGNED	
		7	1//11	Atte	nding Mod. S	staff [	8/26/72.	
	23 C. PHYSICIA	IN'S	1 pu	DEGREE Phy	S. Director L P	hys. 🗀	-// !	
	NAME (	ype)	30 00					
241	A. SURIAL CRE	L.B. Stever		DEGREE	3400 Erdman A		more, Maryland	_
44	REMOVAL (						ty, town, or county) (State	'
	Burial	0/29/1		arkwood Cem		htimore,	Maryland Address	
254	ALIC 9 4	8Y HEALTH DEBY	25B, NAME O	REGISTRAL	25C. RUNERAL DIRECTOR			
	HOG9 I	1316 //	MAKE	الم م الدي	requard 1 K	uck Inc.	Baltimore, Md	
27	150-REV. 1/1/	68	11					

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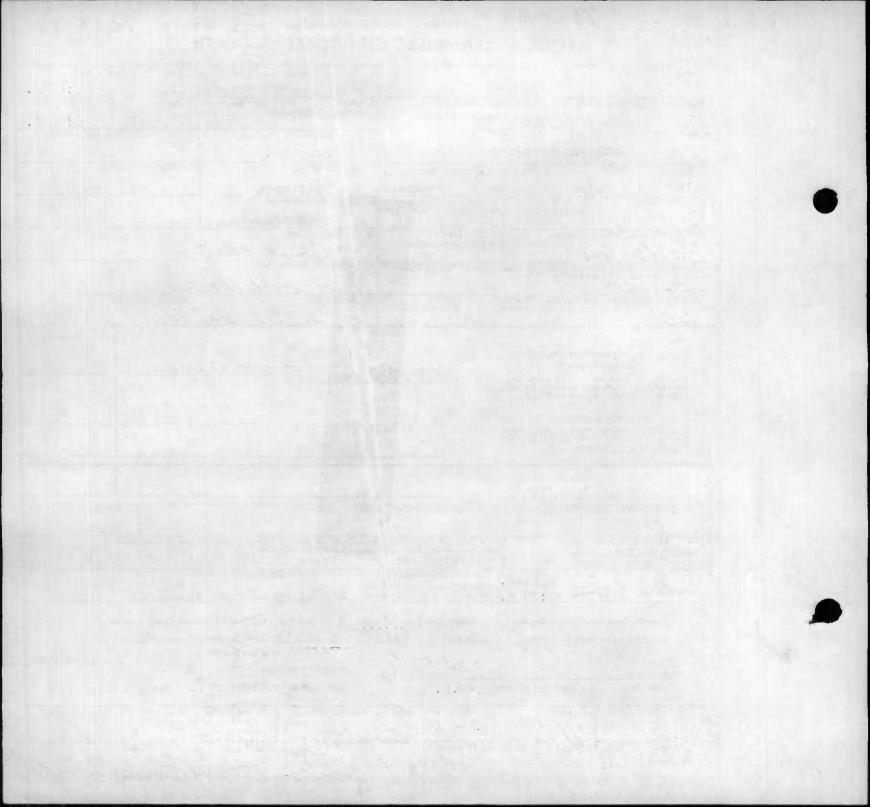
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5-653 72 US 13 STATE OF MARYLAND DHATE BALTIMORE CITY HEALTH DEPARTMENT

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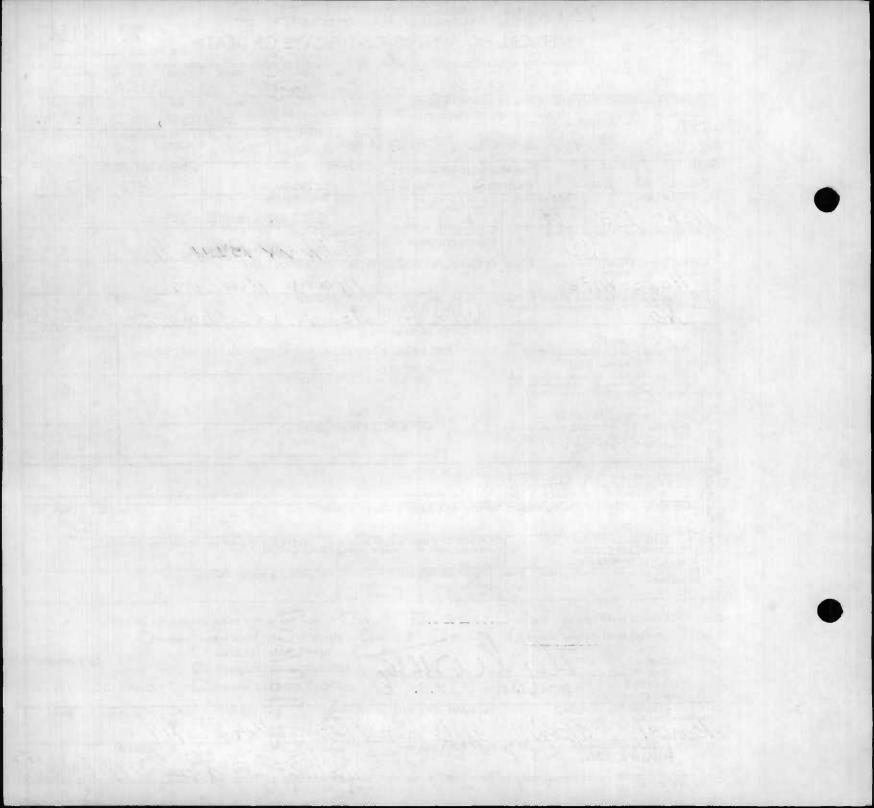
MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH
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BIRTH NO.	WE	DICAL	EXAMINER 5	LEKTIFI	CATE OF	DEATE	REG. NO		
I. NAME OF DEC	EASED LOU	IS DUR	ANT	2. DATE OF DEATH	Knawn 🔼 Estimoted 🗆	Month August	Doy 27,	Year 1972	3:00 A .M.
FULL NAME OF HOSPITAL	IMORE, MARYLAND (IF NOT IN HOS ADDRESS OR LO	PITAL OR INSTI	NOUNCED DEAD TUTION, GIVE STREET	3. DATE PRONO	JNCED DEAD		Day 27,		3:00 A.M.
OR INSTITUTION	Lutheran	Hospita	1	A. STATE	ESIDENCE (Where		d. # Instituti		60 0
6. SEX	7. RACE		DE NEVER MARRIED	C. CITY OF	TOWN			CITY LIMITS?	
Male 9. DATE OF BIRTH	Negro	WiDOW!	D DIVORCED L  F Under 1 Yr, II Under 24 Hrs.		Baltimore			YES X	NO L
Ju/126,	lost birth		Aonths Days Haurs Min.		3018 Edmor	ndson Av	venue		
Balto	tate ar fareign country		2. CITIZEN OF WHAT COUNTRY?		eis Du	HOINT	_		
14A.USUAL OCCUI dane during most of w	orking, life, even if retire	ork 14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME	BON		
	D EVER IN U.S. ARA (If yes, give wor or do		SECURITY NO.	18. INFOR	Thos Du	HOW		ADDRESS 8 FdW	andson Av
19.	EV		CAUSE OF DEA	ATH	.,,,				PPROXIMATE INTERVAL
DISEASES OF RISE TO THE UNDERLYIN OTHER SIGN TO THE DEAD TO THE DEAD DISEASE OR	TECEDENT CAUSES OR CONDITIONS, IF ABOVE CAUSE (A) IG CONDITION LAS  III IFICANT CONDITIONS ON THE BUT NOT RELATED CONDITION GIVEN II  OPERATION 20B. C	ANY, GIVING STATING THE ST. S CONTRIBUTI TO THE TERMIN N PART 1 (A).	(c)	AS A CONSE					DPSY? (Yes or No)
UNDERLYING UTING CA	NAL CAUSE WAS  MOR CONTRIB- USE OF DEATH.  Month) (Day) (1  8-27-72	approx:	WHILE AI NO	ce bidg., etc.) i	2C WHERE DID NUURY OCCUR? rear of 6: 2F. HOW DID IN	30 Frank	klinto	wn Road	1601
ACTUAL SIGNATI EXAMIN NAME (I	ER'S Peter ype)	Lipkov	F	ASS ASSO OF CREMATO	CHIEF MEDICAL STANT MEDICAL DCIATE MEDICAL	Undetermin EXAMINER EXAMINER EXAMINER	ed monner	luncal .	
AUG3	1912 197	rduy	whaten !	M	eleans,	Freels	el Kor	1.3198	P. Befrade

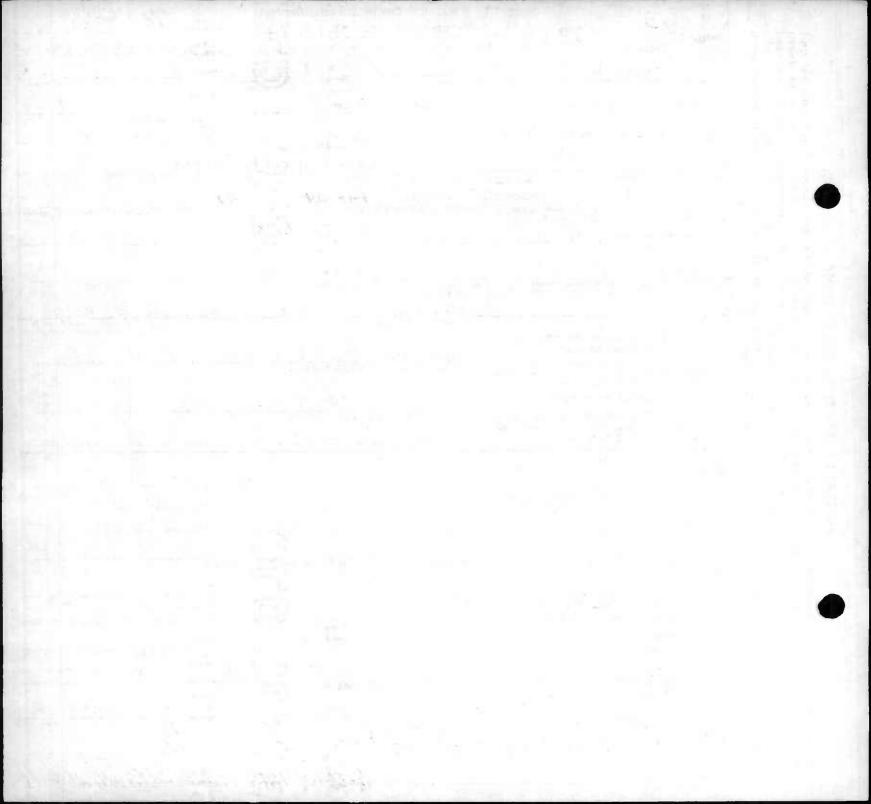


STATE OF MARY DEPARTMENT 72 08:44 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. I. NAME OF DECEASED 2. DATE Known X Manth Doy Year Hour (Type or Print) HATTIE CORNELUIS August 26, 1972 Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Day Year Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 8:41 A. August 26, 1972 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE
B. COUNTY (DOA) Bon Secours Hospital Maryland 7. RACE C. CITY OR TOWN 8. MARRIED NEVER MARRIED D. INSIDE CITY LIMITS? Female Negro WIDOWED 2 DIVORCED [ Baltimore YES X NO [ 9. DATE OF BIRTH If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER Months | Days | Haurs | Min. 10. AGE (In years last birthday) 1030 W. Franklin Street

1. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER'S NAME	
Vai	WHAT COUNTRY?	JOHNNY Bunne	//
4A.USUAL OCCUPATION (Give kind of work 14B. KINE one during most of working life, eyes if retired)	OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME  MELLY 1/ LO DEL NICO	
d. WAS DECEASED EVER IN U.S. ARMED FORCES	17. SOCIAL SECURITY NO.	Behalding Louden	ADDRESS / Colination
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury ar camplication which caused deoth.)	CAUSE OF DEA Arterioso	cle <b>roti</b> c cardi <b>o</b> vascular dise	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO, OR	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL		
			21. AUTOPSY? (Yes or No) NO
UNDERLYING OR CONTRIB-	home, farm, factory, street, offic	in or about 22C. WHERE DID (If in Bailtmore City, give bidg., etc.) INJURY OCCUR?	e exact location)
22D. TIME (Manth) (Day) (Year) (House (APPROX.)	WHILE AT CO NOT	WHILE 22F. HOW DID INJURY OCCUR?	
I certify that I held on Inquiry	Inspection Au  Kickident Suicid	topsy and that on this basis, death in Homicide Undetermined mann	
ACTUAL SIGNATURE EXAMINER'S Peter Jir	okovid, M.D.	CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER	DATE SIGNED August 27, 1972
NAME (Type)  144. BURIAL CREMATION, 248. DATE REMOVAL (Specify)  154. BURIAL (Specify)  154. BURIAL (Specify)	24C. NAME OF CEMETERY	was Cem Balto. 111	Josh, of county) (State)
AUGOT 1912 November	AME OF AFEISTRAIN	25C. FUNERAL DIRECTOR	ADDRESS SIGNAL STATES
S 151-REV. 7/1/68	e has it	1 1 3 1 0	

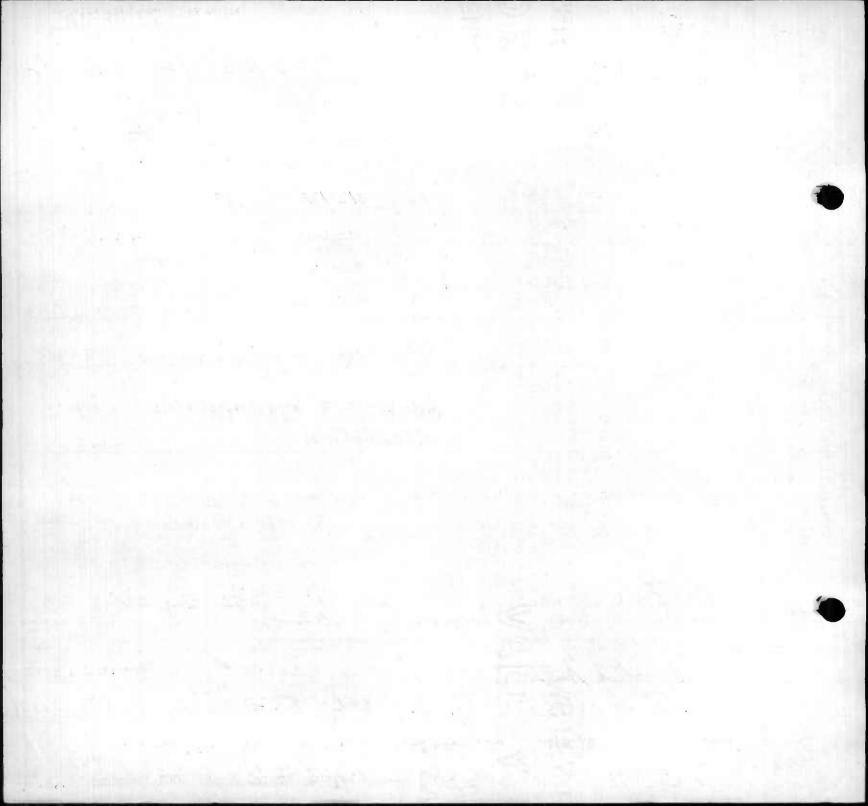


	1 2012		BALTIMORE CITY	HEALTH DEPARTM	MENT	72 0824	_
RI	RTH NO.	08010	CERTIFICA	TE OF DEA	TH REG. NO	0. 16 00.14	<u></u>
1,1	NAME OF DECEASED	- uarab				E OF MARYLAND	DINH
	ype or Print) Helen L. T	Je Shie			8-29-72	1 1	30 p M.
3.	PLACE IN BALTIMORE, MARYLANI	D, WHERE PRONO	UNCED DEAD	4. USUAL RESIDEN	CE (Where deceased lived	d. If institution; residence b	efore admission)
FL H	JLL NAME OF (IF NOT IN HO ADDRESS OR E	SPITAL OR INSTIT	UTION, GIVE STREET	MARY LAN		. INSIDE CITY LIMITS?	47
	Bon Secours Hos	1Atigz		Baltimo		YES N	0 🗆
	34			E. STREET AND NU	IMBER Vorley Stre	et	
5.	SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	19/ AGE (In years	I (Under 1 Ye. 1)	Under 24 Hrs.
	FN	WIDOWED	DIVORCED	4-18-21	lost birthday	Manths Days H	ours Min.
	A. USUAL OCCUPATION (Give kind of ne during most of working life, every/if retje		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat		12. CITIZEN OF W	HAT COUNTRY?
	whemployed W	7.		BOZITO.	1110/		
13.	FATHER'S NAME			14 MOTHER'S MAIL	DEN NAME		
	James Michols	S		Lottie	Houston		
15. (Ye	Was Deceased Ever in U. S. Armed	Forces? dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	7.003(0.)	ADDRESS	
			232-26-1317	Char	+ 20	Secours H	0.20
	18. 3344		CAUSE OF DEAT		NO.	APPROXIA	MATE INTERVAL
	DISEASE OF CONDITION LEADING TO DEA	DIRECTLY		0. 1		, L	MOET AND DEATH
	1This does not mean the mode	of dying, e.g.,	(A) IMMEDIATE CAU	a name of the same	ged peruto	uitis da	41
	heart failure, asthenia, etc. It me injury or complication which cau	ans the disease.	DUE 10, OR AS	A CONSEQUENCE OF:	/ /		/
	ANTECEDENT CAU		00,00	0 11	1.00 m 1	0. 1	
	DISEASES OR CONDITIONS,	if any, giving	DUE TO, OR AS	A CONSEQUENCE OF	MOUNEN JERNOS	excessive da	14/
	nise to the above cause (UNDERLYING CONDITION last.	(A) stating the	in Status	out counts	mitrosom	unto Z.	2000
	te de la constitution de la cons		(c) 2100MAN J	ary remove	Zumo jegu	nouve 2 y	2000
20	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	SIL	of t	. 4	+ 1	
CATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN	PART 1 (A).	Callace	1 sanneyey	unorsous S	ile da	MA
CERTIFIC	19A-DATE OF OPERATION 19B (WAS	PERFORMED	WHICH OPERATION	20A. AUTOPSYT (Y		VERE FINDINGS CONSIDER	RED
CER	21 A ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF	6   21B	PLACE OF INJURY (e.g., in e, form, factory, street, of	or about 21 C. WHERE	DID (If In Bo	Yes litimare City, give exact laca	ation)
CAL	OR CONTRIBUTING CAUSE OF OEATH (notify medical examined)	hom	e, form, factory, street, of	fice bidg. INJURY OC	CU II?	minute only, give exact loca	mon,
MEDIC	21D. TIME (Month) (Dayl (Ye	ear) (Hour) 21E	INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?		
\$	(APPROX.)	Whi	le At Not While	· I			
	22. I certify that (1) (this hosp			8/	10 77 10	8 /29	10 77-
	that (1) (we) last saw the dece		8/	29 19 72	and that in lawy Your	opinion death occurre	19.72
	and hour and from the causes	stated above. (1	(Me) (eld) (did not) v	lew the bady after		population death occorre	d on the dote
	23A. SIGNATURE	1			/	238, DATE SIGNED	
	10.5	hee	M.D. DEGREE Phys	nding Med.	r Shaff V	8-79-	-77
	23C. PHYSICIAN'S NAME (Type)		DEGMEE!	3D. ADDRESS			
	HOA.	SUNG	LEE DEGREE	BON S	ermina H	osp. Ral	of Md
24 A	BURIAL CREMATION, 248, DATE		ME OF CEMETERY OF CRE	MATORY	24D. LOCATION	(O) town, or county)	(State)
1	surial 9/1/	22 KM	Ut Tallesent	Ulm.	Malla	41.	
254	A. DAJE REC'D BY HEALTH DEFT	25B NAME O		25C. FUNERAL DE	RECTOR	O I - O ADDRE	15
	NIC 24 1079	is yell hard		KIRLINA	William Ka	26318H SUL	really
A2	1 30 F RE W/ 17 17 6 8	//					



AUG31 .

1	BALTIMORE CITY	Y HEALTH DEPARTMENT				
djr S	BIRTH NO.	TE OF DEATH RESTATE OF MARYLAND-DHIM				
Su	T.NAME OF DECEASED (Type or Print) Jones, Sadie	2. DATE AND HOUR OF DEATH  8 /24/112 86/09Am				
eath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before dimission) A. STATE B. COUNTY				
de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?				
0	Baltimore City Hospitals	Baltimore YES NO				
e.	4940 Eastern Avenue Baltimore, Maryland 21224	E. STREET AND NUMBER 2223 Dukeland Street 21216				
0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.				
asecis m	Female Negro widowed Divorced	3/18/16   lost birthdoys   Months Doys Hours Min.				
9 5	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)					
	13. FATHER'S NAME	Virginia U.S.A.  14. MOTHER'S MAIDEN NAME				
the	John	Mattie				
e on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT BCH: RECORDS 4940 Eastern Avenue				
dance or fin	18. CAUSE OF DEAT	Baltimore, Maryland 21224				
as in regular attendance ains are embalmed or fina	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heoil foilure, osthenio, etc. II meons the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) sloting the UNDERLYING CONDITION last.  (A) IMMEDIATE CAUDITION AS DUE TO, OR AS DUE TO, O	ressure hydrocephalus 5 yrs s a consequence of 5 holism				
3 E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).					
ysic e th	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
No ph befor	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  DEATH (notify medical examiner)	in or obout 21C. WHERE DID (II in Boltimore City, give exoct location) ffice bldg., INJURY OCCUR?				
(6) ned	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Work At Work					
death); and must be obtain	22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did) (did nat)	19 12 to Org. 20 19 12, 19 2 and that in (my) (aur) opinion death accurred an the date				
dea	23A. SIGNATURE	23B. DATE SIGNED				
valn	Mortie Missemel M. Gegree Phy	ending Med. Shaff Phys. August 24, 1972    August 24, 1972				
deceased prior to written approval	HIROSHI MITSUMOTO M. DOEGOE	4940 Faster St Balto 21221				
ed L	REMOVAL (Specify)	EMATORY 24D. LOCATION (City, town, or county) (Stote)				
tter	urial 8/29/72 Arlington Nation					
dec	AUG31 1972 Didney for the store	Stevent Funeral Home 4001 Benning Rd. N. 15.				



BALTIMORE CITY HEALTH DEPARTMENT 72 08:47 CERTIFICATE OF DEATH r if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased Such BIRTH NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 20 death. USUAL RESIDENCE IWhere 3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD attendance A. STATE B LTIMORIE FULL NAME OF HOSMTAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! D. INSIDE CITY LIMITS? 0 NO 2 YES prior E. STREET AND NUMBER 8002 WUNDALK 21222 regular 9. AGE (In years isposition is mad If Under 1 Yr. MARRIED NEVER MARRIED Hours : Min. 5. SEX 6. RACE deceased lost birthday M CAUCASIAN TO A USUAL OCCUPATION (GIVE kind of work WIDOWED DIVORCED 108 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Ξ done during most of working life, even if refired) REPAIR SHID ELDER Was the 13. FATHER'S NAME MOTHER'S MAIDEN NAME direct JOE LITTLE
15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no equinknown) (If yes, give war or dates of service) SCARBORO BERTHA death 6 kind; T ADDRESS 17. INFORMANT & SOCIAL SECURITY NO. or final attendance N 0 3-30-8271 AME APPROXIMATE INTERVAL any CAUSE OF DEATH pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, authenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE regular injury or complication which caused death.) who ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: are 4 DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the 9 2 CUTE physician before the remains UNDERLYING CONDITION last Was a medical CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body 20B IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSYT (Yes of No) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION the WAS PERFORMED 21 & PLACE OF INJURY la.g., in or about 21 C. WHERE DID home, farm, factory, street, office bldg. INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (Il in Baltimare City, give exact location) of any nature; (2) where to the hospital °Z MEDICAL DEATH (notify medical examined by be obtained OF INJURY (Month) (Day) (Year) (House 21E INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 9 Not White approved (except While At IAPPROX.) At Work pub 22, I certify that (1) (this hospital) attended the deceased from 1972 death); that (1) (we) last saw the daceased alive an. and that in(my) (aur) apinian death accurred on the date hospital and hour and from the causes stated abava. (1) (Wa) (did) (did not) view the bady after death. the body was released must accident 238 DATE SIONED 23A. SIGNATURE must-Attending Med. Director 0 Phys. approval 0 23C. PHYSICIAN'S NAME Type 23D. ADDRESS prior certificate at An A A 24A. BURIAL CREMATION. deceased was D.O. REMOVAL ISpecify! KIAL SUNSET EM shows: 25C. FUNERAL DIRECTOR REC'D BY HEALTH DEPT, VS 150-REV. 1/1/68

GREATER ARTEST A

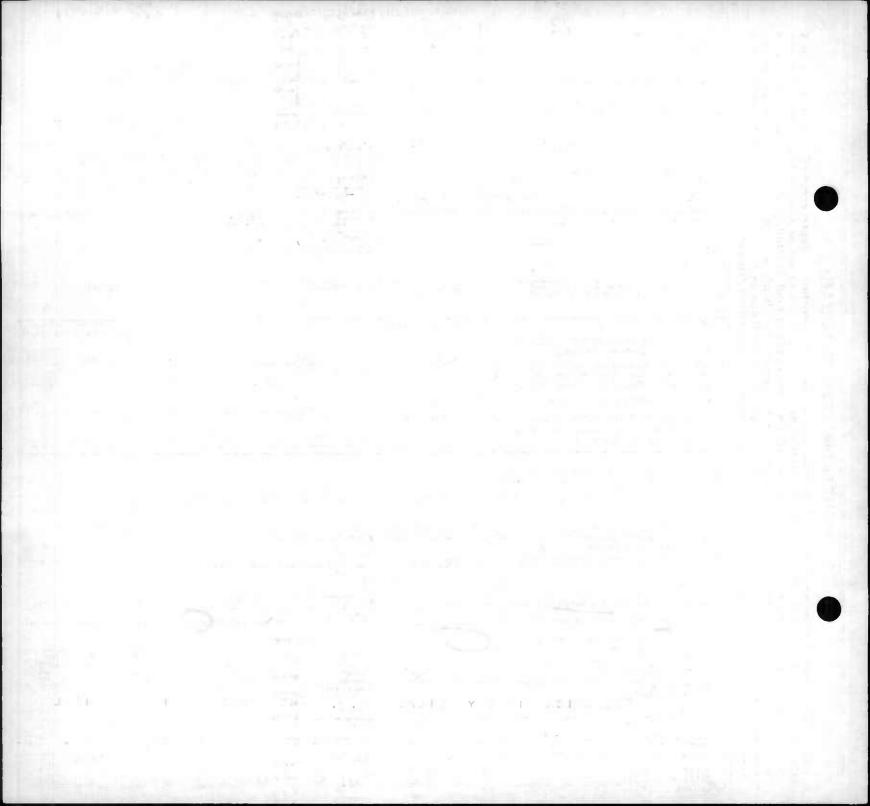
72 08348 BALTIMORE CITY	Y HEALTH DEPARTMENT	70 00-40
LEK LIEU A	TE OF DEATH REG. NO.	72 08348
BIRTH NO.	STA	TE OF MARYLAND-DHMH
(Type or Pdnt) LILLIAN SCHNEIDER	2 DATE AND HOUR OF DEATH	1:30 P
3. PLACE IN BALYIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It in	stitution: residence below admission
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET HOSMTAL OR ADDRESS OR LOCATION!	MARYLAND	2731
B A		YES NO
Johns Hopkins Hospital	E. STREET AND NUMBER	153 67 140
5. SEX 6. RACE 7. MARRIED TO MARRIED TO	8. DATE OF BIRTH 9. AGE (In years	
Lamale Cancasian WIDOWED X DIVORCED	4-1-11 lost birthdoy	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)  Alous EUILE E	Ms.	U. J. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JACOB BLACK	MARY SCHOPPLEIN	
15. Was Deceased Ever in U. S. Armed Forces? 116-SOCIAL	17. INFORMANT	1000000
(Yes, no or unknown) lift yes, give war or dotes of service)  SECURITY NO.  AIP-12-9490	ROBERT EJCHNEIDER 3900	and all sold
18.4/2.21 CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	- 4 . 6 . 4	DETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	spatny arrest and	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.]	A CONSEQUENCE OF:	1111
ANTECEDENT CAUSES Carch	las arest	1/211
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	
underlying condition last. (c)	julmonery embolis	m 3hr
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	6/	Adayo
TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF COMMENTS OF CONDITION GIVEN IN PART 1 (A).	mary ordery kypas	panys
3 10/7 Was PERFORMED WHICH OPERATION WAS PERFORMED WHICH OPERATION WAS PERFORMED WHICH OPERATION	20 A AUTOPSYR (Yes or No) 20B. IF YES, WERE IN CERTIFTING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF   218, PLACE OF INJURY (e.g., )	n or obout 21 C/ WHERE DID (If in Boltimor	e City, give exoct location)
DEATH (notify medical examined etc.)		
21D-TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED  OF INJURY (APPROX.)  While At   Not While At   Not Work   At Work   Not Wo	215. HOW DID INJURY OCCUR	
22. I certify that (I) (this hospital) attended the deceased from	7/3/ 1972 10	8/29 1972
that (1) (we) lost sow the deceased alive an	19 72 and that latiny (aur) opin	nion deoth occurred an the dote
and hour and from the couses stated above. (1) (We) did) (did not) v	lew the body after deoth.	
23A. SIGNATURE		23 B. DATE SIGNED
Mandal hittowes hill, philipegree Phys	nding Med. Staff Director Phys. 23D. ADDRESS	1929/2
R NDOLPH M HOWES MD	Tohas Honking Hasterto	But hele
DEGREE	A .	y, town, or county!   State!
BURIAL 2 JETT. / MORRELAND MEMO		
AUG 3 1 1972 258, HAME OF REGISTRAR	25C. FUNERAL DIRECTOR  CLERICAL FUNERAL HOME	BAJES UM 21406
VS 150-REV. 1/1/68	The state of the s	MIND AND

3900 PHIKSIDE DF.

1	1) = 43	BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO. Bulto Co. 72 (8345	CERTIFICA	TE OF DEATH	REG. NO.	The state of the s
	PO OF PART / // A COLOR	0.1	2. DATE AND	HOUR OF DEATH	1 0.20m
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONE	DUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. It	institution: residence before admission
	LL NAME OF (IF NOT IN HOSPITAL OR INSTI		maryland B. Count		2748
iN	JOHNS HOPKINS	HOSPITAL	Baltimore	p. IN	SIDE CITY LIMITS? YES NO
1	33		E. STREET AND NUMBER	Islen	kink Rol
	emale Cauc. wipower	NEVER MARRIED TO DIVORCED	8-17-72 10	AGE (In years st birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
don	. USUAL OCCUPATION (Give kind of work 108, KIND ( o during most of working life, even # refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE ISLOTE OF TOTAL OF TOTAL OF TOTAL OF THE PROPERTY OF THE PROPER	uare	12 CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NAM	E	
	William Woods		Kau 101	tmer	
5. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown! (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	TWEV	ADDRESS
_	No.	CAUSE OF DEATI			APPROXIMATE INTERVAL
	18. 7.4/201	CAUSE OF DEATH	•		BETWEEN ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		- ca Assessi	too. and	ant
	(This does not mean the mode of dying, e.g	DUE TO, OR AS		you are	
	heart failure, aethenia, etc. It means the disease Injury or camplication which caused death.)	10			
	ANTECEDENT CAUSES	Wil	elamin, mas	rapla	
	DISEASES OR CONDITIONS, If any, givin-	(B) DUE TO, OR AS	A CONSEQUENCE OF:	vece	4
	rise to the above cause (A) stating th	Λ.	usio, buda	-only	
	UNDERLYING CONDITION last	(c) 1160 U	ce of the and	agua	24,
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
CERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B- CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPST? (Yes or No) Yes	208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., i			ore City, give exact lacation)
CAL	DEATH (notify medical examined	ome, tarm, tactory, street, or c.)	nce bidg, INJURT OCCUR!		
EDI	21 D-TIME (Month) (Day) (Year) (Hour) 21	E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
٤	IA PRODUCT	/hile At Wark			
			2-17	72 0 8	-29 1972
	22. I certify that (i) (this hospital) attended	(1 0 (2)		manufacture of the same of the	
	that (I) (we) last saw the deceased alive an			in (my) (our) op	pinian death occurred on the da
	and hour and from the causes stated above.	(I) (We) (did) (did not) v	lew the bady after death.		lead to the control
	Ralph & Brow	M. D. Atte	nding Med. 5	toff hys.	238, DATE SIGNED 8-29-72
	Ralph S. Brown,	M.D.	The Johns Hop	kins Hos	pital
	A. BURIAL CREMATION, 248, DATE 24C.1	NAME of CEMETERY of CRI	MATORY 24D. LOS Hospital 601		City, town, or county) (State) Way Balto., Md.
25	A. DATE REC'D BY HEALTH DEPT 258, NAME	OF REGISTRAN	25C, FUNERAL DIRECTOR	I. DISPO	Q'AT.
vs	150-REV. 1/1/68	dias he	THOUSE LE	TITLIDIA.	DUT

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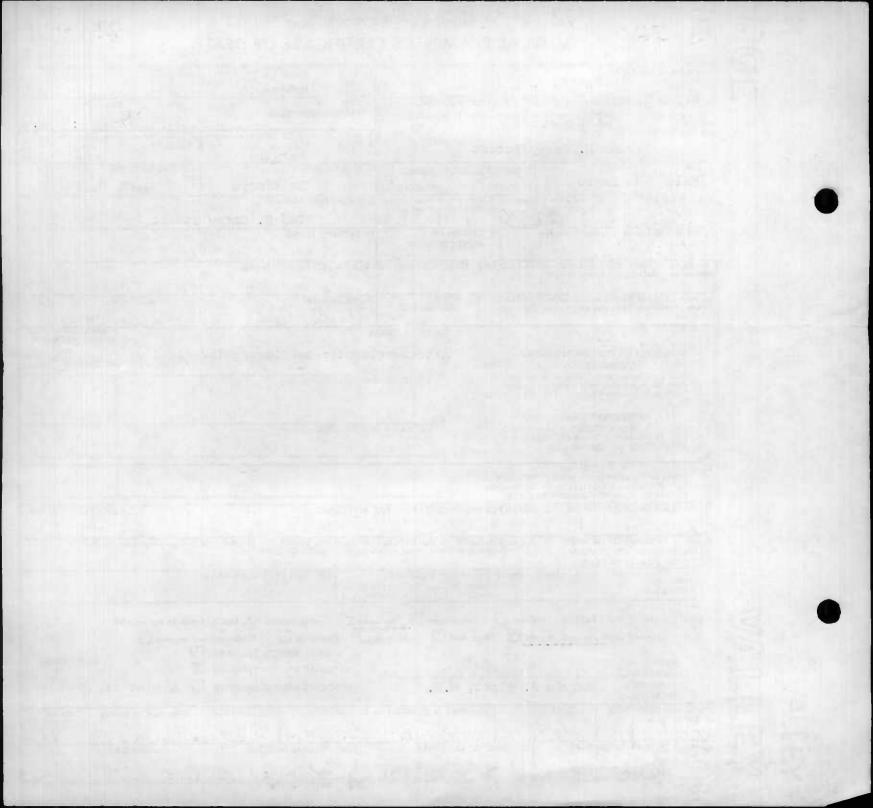
	M-300_ 72,080	- C	TITY HEALTH DEPARTMENT	72 08350
	RTH NO. PLOTO TO THE TOTAL THE NAME OF DECEASED	CERTIFIC	ATE OF DEATH	STATE OF MARYLAND-DEMI
	The or Print) MOTE Rober	0:1	2. DATE AND HOUR OF	DEATH PM
3.		NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased in	ived. If institution: residence before admission)
I ES	JLL NAME OF (IF NOT IN HOSPITAL OR IN OSPITAL OR ADDRESS OR LOCATION	ISTITUTION, GIVE STREET	MARYLAND	16 5700
IN	OSPITAL OR ADDRESS OF LOCATION		C. CITY OF TOWN RISING SUN	D. INSIDE CITY LIMITS?
	The Johns Hopkins	Hospital	E. STREET AND NUMBER	YES NO NO
	33		LOT D 12 COUNTR	Y BAY ESTATES
	SEX Cane 7. MARR WIDOW	MED DIVORCED [	8-124-72   last birthdoy)	ears If Under 1 Yr. If Under 24 Hrs. Months: Days Hours: Min.
do	A. USUAL OCCUPATION (Give kind of work 10B, KINI ne during most of working life, even if retired)	O OF BUSINESS OR INDUS	Union Hospital Elkton, Md.	12 CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no of unknown) Uf yes, give war or dates of servi	security No.	17. INFORMANT	ADDRESS
	18. 746.91	CAUSE OF DE	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY		G 1: 0 11	PEIWERN ONSELAND DEATH
	This does not mean the mode of dying.	(A) IMMEDIATE O	AS A CONSEQUENCE OF	mias Ihr
	heart failure, asthenia, etc. It means the dise Injury or complication which caused death.)	ase,	Eamolio-unscular coll	ppse
	ANTECEDENT CAUSES	(8) Prels	jumed Cardiac Cenan	nalies 22 hrs
	DISEASES OR CONDITIONS, if any, glanise to the above cause (A) stating	ving DUE TO, OR	AS A CONSEQUENCE OF:	4 -
	UNDERLYING CONDITION last.	(c)	etiple congenital a	nomalies 22 hrs
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN	NG 975 TC	schisis	
FIC	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED:	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES	WERE FINDINGS CONSIDERED
ERTIFI	18-25-72 9AStr	roschisis		ING CAUSES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	home, form, foctory, street,	office bldg. INJURY OCCUR?	Beltimore City, give exact location?
MEDI	21D-TIME (Month) (Dayl (Year) (Hour) OF INJURY (APPROX.)	While At Not Work At Work		
	22. I certify that (I) (this haspital) attended		Aug 24 1972 to	Aug 25 19 72
	that (1) (we) last saw the deceased alive		19 72 and that in (my) (c	aur) opinton death accurred an the dote
	and hour and from the causes stated above	e. (1) (We) (did) (did nat	) view the bady after death.	
	23A. SIGNATURE		Service Lead Office Comments	23R DATE SIGNED
	Frederick 1 mothy Ge	ulferd MERE	hysi Director Phys.	8-25-72
	23C. PHYSICIAN'S NAME (Type) FREDERICK TIM	STHY GUILFE	ND M.D. THE JOHNS H	HOPKINS HOSPITAL
24/	A. BURIAL CREMATION, 24B. DATE 240	C. NAME of CEMETERY of	CREMATORY 24D. LOCATION	(City, town, or county) (State)
(	Cremation 8/26/72	Johns Hopkin	ns Hospital 601 N B	_
25,	A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	25C. FUNERAL DURECTOR	CTOCK A T
L.	AUG31 1972 Deduty 12	NO NO NO	U 4 ANBLITAT DI	SPUSAL
4.0	//			



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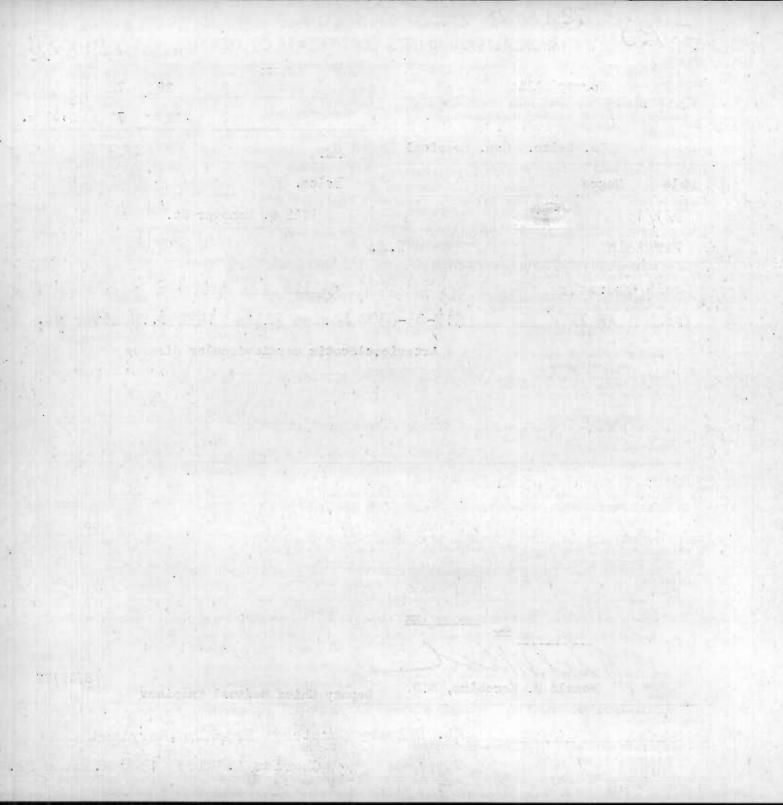
Bil	ITH NO.	/	MED	ICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO		. 00301		
1.	NAME OF DEC		SAAC	JONES		2. DATE OF DEATH	Known D	Month	Doy	Year	Hour		
FUI	PLACE IN BAL L NAME OF SPITAL INSTITUTION		77		ONOUNCED DEAD TUTION, GIVE STREET	3. DATE PRONOI	INCED DEAD		Doy		Hour 8:30 A. M.		
	245 N. Carey Street						Marylar		B. COUNTY		1802		
11	Male	7. RACE Negr	0	8. MARRI WIDOW	ED NÉVER MARRIED [		Baltimore  D. INSIDE CITY UMITS?  Baltimore  YES  NO						
9.	SATE OF BIRT	/14	10. AGE (in lost birthdo)	yoors	Months Days Hours Min	. E. STREET	ND NUMBER		Street	123 (23	NO [		
11.	MAR	LAN	1		2. CITIZEN OF WHAT COUNTRY?	13. FATHER	S NAME OZIER	Vo	NES				
den	eduring most of v	rorking lile, eve	in il retired)		OF BUSINESS OR INDUST	RY 15. MOTHE	ORENCI						
16. (Ye	WAS DECEAS , no or unknown	ED EVER IN U	J.S. ARMED or or dotes	FORCES:	SECURITY NO.	TRAN	10 1	s 6		Colur	er st.		
CERTIFICATION	(This does n heart follure injury or can At DISEASES ( RISE TO THI UNDERLYIN	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, ostherio, etc. It means the disease, injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)  (C)							WEEN ONSET AND DEATH				
	20A. DATE OF	OPERATION	20B. CON		OR WHICH OPERATION	VAS PERFORM	ED				PSY? (Yes or No) Yes		
MEDICAL	UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23.  I cert result ACTUAL SIGNATI	USE OF DEAT (Month) (Do  Ify that I he and from: No	RIB- IH.  Proy) (Year)  If d on Ir  Intural cause	(Hour)	Inspection   A   Accident   Suic	utopsy K	and that on the micide the MEDICAL ETANT MEDICAL E	ury occi nis basis, Undetermi XAMINER XAMINER	death in my	opinion	DATE SIGNED		
24 / RE	EXAMININAME (TA. BURIAL CREAMOVAL (Specific A)	ype) AATION, 124	arvin  B. DATE  8/28	S. Pl	24C. NAME of CEMETER		CIATE MEDICAL E	LOCATION LEST		n, or county			
	A. DATE REC'D	63 1 19	EPT.	258. NA	ME OF REGISTRAR		UNERAL DIRECTO	OR A.	Rice	1300	Estaw P		



(6)

72 (8:52 STATE OF MARYLAND-DHICH BALTIMORE CITY HEALTH DEPARTMENT

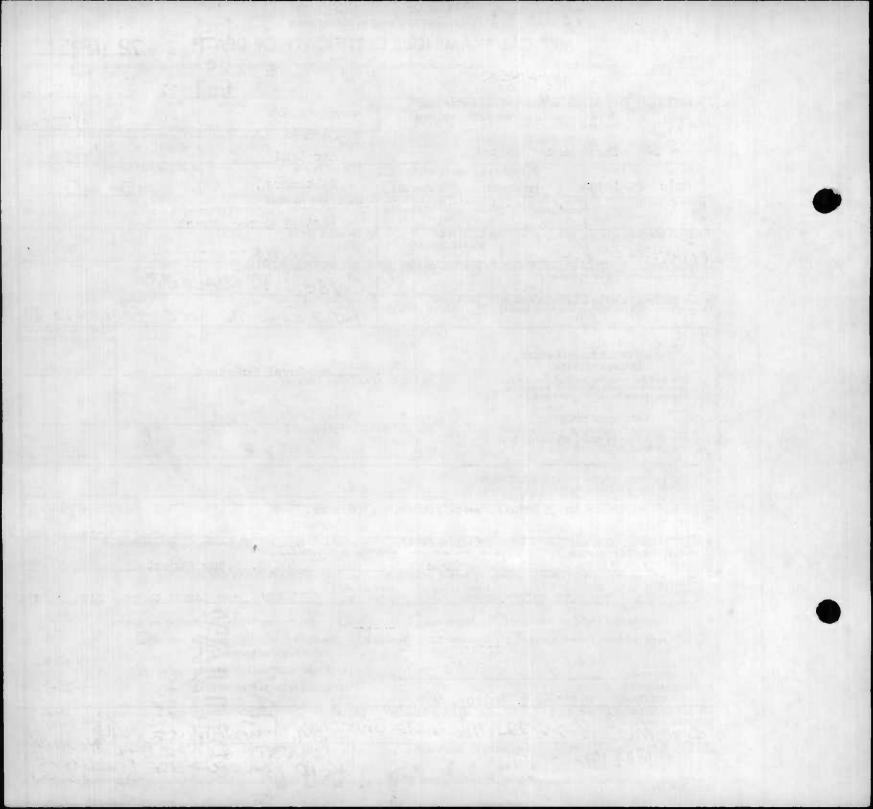
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	TH NO.	CEACED						o DATE	Known	হাজ		-			Tu
	AME OF DE		rvey El	lis				2. DATE OF DEATH	Estimot	_	Manth 8	2	9	72	Hour
4. P	LACE IN BA	LTIMORE, A	MARYLAND, V	VHERE PI	RONOL	INCED DEAD		3. DATE			Month	Do	у	Yeor	Hour '
FULL	NAME OF	(IF N		AL OR INS		N, GIVE STREET			DUNCED DE		8	29		72	5:47 a.
CRI	+3	So	. Balto	. Ge	en. I	Hospital		5. USUAL A. STAJE Md	RESIDENCE	(Where	deceosed	B. COL		residence b	before odmission)
6. S	EX	7. RACE		B. MARE	RIED 🗌	NEVER MARRIED		C. CITY O				D. INS	IDE CIT	Y LIMITS?	
n	nale	Negr	0	WIDOV	VED 🗌	DIVORCE		Ва	lto.				YES	s 🔲	NO 🗌
9. D	5/1/1		10. AGE (III	yeors		er 1 Yr. If Under 24		E. STREET	1222		anove	r St.			
11. E	Virgi		eign country)	of the specific		TIZEN OF	.s.	13. FATHE	R'S NAME					THE	
14A. done	USUAL OCCL	JPATION (C	Give kind of work even if retired)	14B. KIND	OF BL	IŠINESS OR INDI	USTRY	15. MOTH	ER'S MAIDE	N NAM	ΛE			1 1/4	
	Crain								allie			100			
16. Yes,	WAS DECEAS	ED EVER I	N U.S. ARMEI	of service	S?  1	7. SOCIAL SECURITY NO	).	1B. INFO	MANT				AD	DRESS	
	Yes	WW	II			217-03-	830	O Lou	uise H	Clli	s 1	222	S. I	Ianov	
1	19. 4/	2.4	/			CAUSE OF	DEAT	H							PROXIMATE INTERVAL VEEN ONSET AND DEAT
Н	DISEAS	SE OR CON	NDITION DIRE	CTLY		Arter	ios	clerot	ic car	diov	ascu1	ar di	seas	e	
Н			TO DEATH			(A)IMMED	IATE C	AUSE							
	heart failure	e, osthenio,	he mode of dy etc. It meons the which coused de-	e diseose,					QUENCE OF	:					
Н															
			ITIONS IS AND	V CIVING		(B)	OR	AS A CONS	EQUENCE O	F-					
	RISE TO TH	E ABOVE	ITIONS, IF AN'	TING THE		000,0	,		LGOLIVOL O						
2	UNDERLYI	NG CONE	DITION LAST.			(C)									
암			II										11.0		
CERTIFICATION	TO THE DE	ATH BUT N	ONDITIONS C OT RELATED TO ON GIVEN IN P	THE TERM	AINAL	*************									
ER	20A. DATE O	F OPERATI	ON 20B. CO	NDITION	FOR W	HICH OPERATIO	N WA	S PERFOR	MED					21. AUTO	PSY? (Yes or No)
0	0													n	10
12	UNDERLYING		ONTRIB-		22B. PL home,	ACE OF INJURY form, foctory, stree	(e.g., t, office	in or obout bldg., etc.)	22C. WHER	E DID (	(If in Boltim	ore City,	give exoc	t location)	
Σ		(Month)	(Doy) (Yeo	r) (Hou	r) 221	INJURY OCCUP	RRED		22F. HOW	DID IN.	JURY OC	CUR?			
	OF INJURY (APPROX.)				m. Wi	ORK	NOT AT W	WHILE ORK					13		
	23.   cer	tify that I	held an I	Inquiry [		Inspectio	Aut	opsy 🗌	and the	at an th	nis basis	s, death	In my o	opinian	
	resu	Ited fram:	Notural cau	ses X	C Ac	cident S	uicid	e 🗍	lomicide [		Undetern	nined mo	nner	7	
Ш		1	7 1	11./	/	1			CHIEF ME	DICAL E	XAMINER				
Н	ACTUAL		hed.	11/6	ul		M.D	AS	SISTANT ME						DATE SIGNED
	EXAMIN NAME (	NER'S R	onald N	. Kor	nb1	um, M.D.		Deputy	Chief	Med	XAMINER ical	Exami	iner		8/29/72
	BURIAL CRE	MATION,	248. DATE		24C	NAME of CEME					LOCATIO			, or county	) (Stote)
	Buria		19/2/5	72		Mt. Cal	var		netery	Z B	rook	lyn.	Mary	yland DDRESS	
25 A	DATE REC'E		H DEPT.	25B. N	NAME C	F REGISTRAR			FUNERAL	DIRECTO	OR		AL	DRESS	
	AUG	31 19	2 75	Mul	Ma	Morton	×		Char]	es	A. R	ice	130	00 N.	Eutaw Pl
VS I	151-REV. 1/1/6	В		1 14	1	64.00	1			•					1



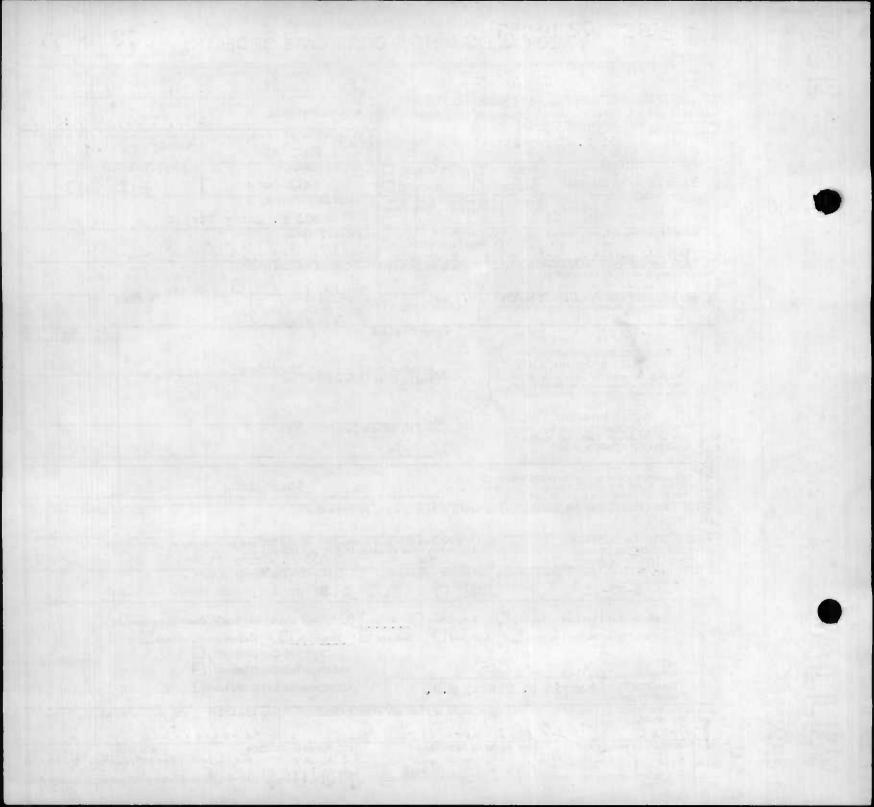
BALTIMORE CITY HE		
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	72 08353
I. NAME OF DECEASED	2. DATE Known Month Doy	Year Hour 72
Harry P. Miller  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted	N
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 8 28	72 Hour 4:30 p
Lutheran Hospital	5. USUAL RESIDENCE (Where deceosed lived, If institution A. STATE Md.	n: residence before odmission)
6. SEX 7. RACE B. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	
male Negro WIDOWED DIVORCED DI	E STREET AND NUMBER	ES U NO U
8/16/35   Ost birthdoy)   Months; Doys, Hours; Min.	3311 Wallbrook Avenue	
11. BIRTHPLACE(Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY? U.S.A.	Robert H. Miller	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY		
done during most of working life, even if retired)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Carrie L. Dillard	
16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL SECURITY NO.		DDRESS
No 1 1230-40-036		Ashburton St
19. 5 7 / 81 CAUSE OF DEA		BETWEEN ONSET AND DEAT
LEADING TO DEATH	netamorphosis of liver	
(A)IMMEDIATE (A)IM	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
0 2		yes
	in or obout 22C. WHERE DID (if in Boltimore City, give exebldg., etc.) INJURY OCCUR?	oct location)
22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) m. WORK AT W	WHILE O	
23.  I certify that I held on Inquiry Inspection Au	topsy 🗱 ond that on this basis, deoth in my	opinlon
resulted from: Netwral couses XX Accident Suicid	le Homicide Undetermined monner	
1 011/1/	CHIEF MEDICAL EXAMINER	
SIGNATURE RESIDENCE M.D.		DATE SIGNED
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER  Deputy Chief Medical Examiner	8/2 <b>9</b> /72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)		n, or county) (Stote)
Box1472 9/1/72 Miller	Cemetery Guyfork, V	irginia
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		ADDRESS
AUG31 1972 Dedwy Whorten	Charles A. Rice 130	O Eutaw Place
VS 151-REV. 1/1/6B	1 1 0 1 7 1200 100	I I I I I I I I I I I I I I I I I I I

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1	1-45		72 (	835	4 BALTIM	ORE CITY HE	ALTH DEPAR	TMENT					
1	1 4-		MEL	ICAL	FXAM	INFR'S	FRTIFIC	CATE OF	DFA.	TH	170	0825	A
BIRT	I NO.		7712.6	/IC/		11 1210 1	>=1X	AIL OI		REG. NO	0	0030	9
I. NA	1. NAME OF DECEASED (Type or Print)  Thomas Allen				2. DATE OF	Known 🔀	Month	Day	Year				
					ONOUNCED	DEAD	DEATH 3. DATE	Estimoted	8	24	72		1 Am.
1	NAME OF				INTUTION, GIVE			NCED DEAD	Month	Day	Yea		
HOSP OR IN	STITUTION	ADDRI	ESS OR LOCA	(NOITA	70 (11)		5. USUAL RE	SIDENCE (Where	8 deceased	24 lived. If Instituti	72		
	37	Prov	vident	Hospi	tal		A. STATE	ryland		B. COUNTY		14	03
6. SE	X	7. RACE		8. MARR	IED NEVE	MARRIED	C. CITY OR			D. INSIDE	CITY LIMIT	5?	
	Male	Negi	00	WIDOW	/ED 🗆	DIVORCED [	13	ltimore,			YES 🔼	NO 🗆	
9. DA	TE OF BIRTH	1	IO.AGE (I	n yeors	If Under 1 Yr. Months, Doys	If Under 24 Hrs. Hours   Min.	E. STREET A	ND NUMBER	- 6		6 -	40.0	116417
			36	5			1804 N. Eutaw Street						
11. BI	RTHPLACE(S	949	in country)		WHAT CO		13. FATHER'S NAME						
14A.II		PATIONIGI	ce kind of work	II4B. KIND	OF BUSINES	S OR INDUSTR	Y 15. MOTHER	S MAIDEN NA	AE.		Philipping to		
dane d	uring most of w	orking life, ev	ren if retired)				011	cien V.	11/1	PLIKE	2		9
16. W	AS DECEASE	D EVER IN	U.S. ARME	D FORCES	7 17. 500		18. INFORM	ANT					-
(Yes, n	oorunknown)	(II yes, give	wor or doles	of service	SEC	URITY NO.	REI	O FUNE	eau i	HOME	FAR	MVILLO	E Va,
19	· F 8	22 X			C	AUSE OF DEA	тн				В	APPROXIMATE ETWEEN ONSET	
	DISEAS	E OR COND	OMON DIRE	CTLY									
	LEADING TO DEATH (A)IMMEDIATE CAUSE Subdural hematoma												
	(Ihis does not mean the made of dying, e.g., heart failure, osthenia, eic. it means the disease, injury or complication which coused death.)												
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE						AS A CONSEC	UENCE OF:					
-	I INDERLYING CONDITION LAST.												
<u>\$</u>  -			11		,								
CERTIFICATION	OTHER SIGN TO THE DEA	IFICANT CO	NDITIONS C	ONTRIBUT	ING								
E .	DISEASE OR	CONDITION	GIVEN IN P	PART I (A)		DEDATION IN	46 85050011				lou Arr		and No.
E 4	DALE OF	OPERA IIO	N 208. CO	NDIIION	FOR WHICH C	PERAHON W	AS PERFORMED				21. AU	TOPSY? (Yes	or No
¥ 2	228. PLACE OF INJURY(e.g., 1							C. WHERE DID	If in Boltim	ore City, give	exact location	Yes	
	INDERLYING	MOR CON	ITRIB-		home, farm, for	tory, street, offic	e bldg., etc.) If	JURY OCCUR?				14	0.3
	2D. TIME		Doy) (Yea	ir) (Hou		Me Y OCCURRED	2	F. HOW DID IN	JURY OC	w Stree	L	-	
OF INJURY (APPROX.) 8 23 72 8:30 P.m. WORK NOT WHILE AT WORK Fell 10' from porch to concret					crete p	avemen							
23	3.												
	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion												
	resulted from: Natural causes Accident Suicide Homicide Undetermined monner												
ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER &						DATE SIC	GNED						
	EXAMIN				/	M.L		CIATE MEDICAL E	XAMINER			8-25	-72
201	NAME (T			n P. 1		M.D.	00511455	nv 1	Logaria	N /=			
REM	BURIAL CREA	(y)	248. DATE	-77		CEMETERY CONG	3APT &1	HR: 240.	LOCATIO	N (City, to	wn, or cour	yy) (Si	tate)
C	EMOVI		0-76	- 1000	Orne			2M1, /	HILL	WILLE	000	This	IN
25A.	AUG	3474	72 V	4	AME OF REG	ISTRAK	25C. F	UNERAL PIRECTO	IK C	ILIAN	- CAL	MININ	LE
			1	rivelan	y sack	- Kar	1 /40	sie fur	CTEM	(HEMAE	· POR	1/	ai
VS 15	11-REV. 3/1/66	N	8	5 2	10			-				V	



STATE OF MARYIA	ALTH DEPARTMENT						
	CERTIFICATE OF DEATH REG. NO. 72 08355						
BIRTH NO.	REG. NO.						
t. NAME OF DECEASED (Type or Print)  BERNETHA BENTON	2. DATE Known Month Doy Yeor Hnur						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted August 23, 1972  M.  3. DATE  Month  Dov  Year  Hour						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	August 23, 1972 Hour 11:30 P.M.						
633 N. Carey Street	A. STATE Maryland B. COUNTY						
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
Female Negro WIDOWED DIVORCED	Baltimore YES NO [						
9. DATE OF BIRTH 10. AGE (In years lost birthday)  10. AGE (In years Months, Days Hours Min.	633 N. Carey Street						
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME						
14A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME						
done during most of working life, even if retired)	Susie Benziman						
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS						
19. CAUSE OF DEAT	Worthway JACOBS SAMC APPROXIMATE INTERVAL						
LIDTA	RETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE C	AUSE Drowning						
	S A CONSEQUENCE OF:						
injury or complication which coused death.)							
ANTECEDENT CAUSES (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:						
C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	Strangling						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED  21. AUTOPSY? (Yes or No)						
	Yes						
228. PLACE OF INJURY (e.g., 1 UNDERLYING OR CONTRIB.	in or obout 22C. WHERE DID (If in Baltimore City, give exact location)						
UTING LI CAUSE OF DEATH. HOME	633 N. Carey Street						
OF INJURY OCCURRED.  OF INJURY (APPROX.) 8-23-72   WHILE AT NOT	WHILE X Browned by unknown assailant						
23. m. WORK AT WO	ORK A Browned by dirknown assarrant						
I certify that I held an Inquiry Inspection Autopsy X and that on this basis, death in my opinion							
resulted from: Natural causes Accident Suicide Homicide W Undetermined manner							
ACTUAL MA PERSON	CHIEF MEDICAL EXAMINER DATE SIGNED						
SIGNATURE MAD.	ASSISTANT MEDICAL EXAMINER						
EXAMINER'S Marvin S. Platt, M.D.	ASSOCIATE MEDICAL EXAMINER LA August 24, 1972						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CREMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)						
DATE DESCRIPTION DELL'S 1972 Manlington	lam. Warlington S. C.						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	E havy 0. W. Low 100 Branting Ave. Md.						
VS 151-REV. 1/1/68	Mitchells Dovey Fungeal Home Want of						
N 4 4 4 / 1	12.2						



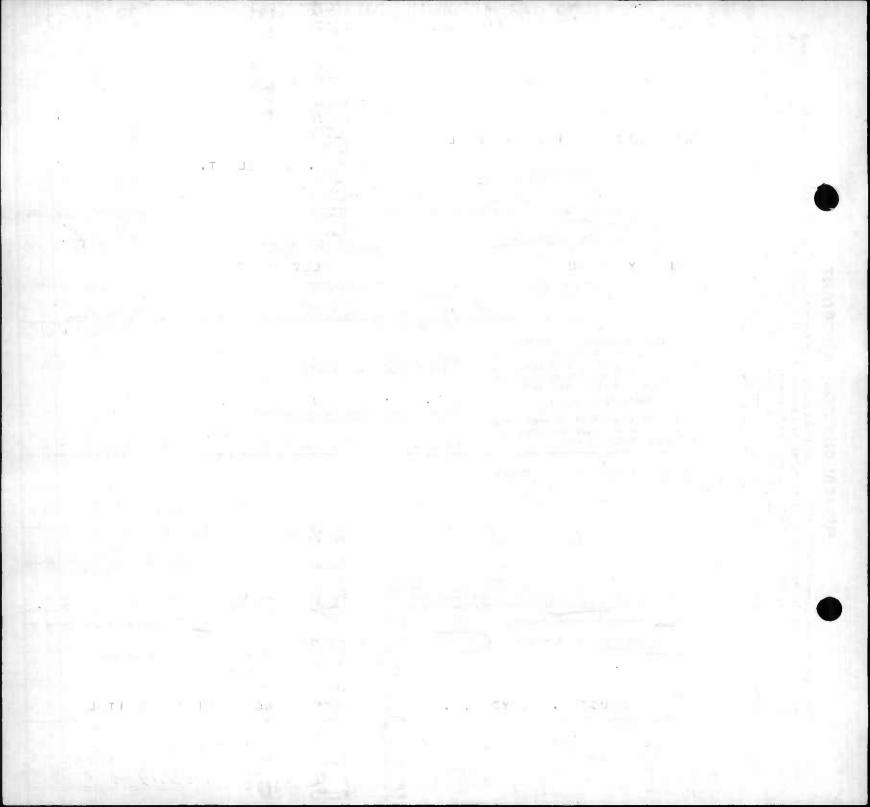
9-25-1972 - Completion of cause of death on a pending medical examiner death certificate - Russell S. Fisher, M.D. HRS

22 press : j.

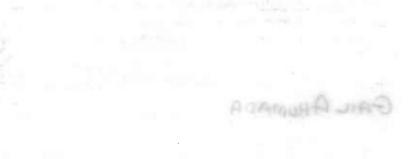
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

B-650 72 08357. BAL	TIMORE CITY HEALTH DEPARTMENT	2 08357					
CE	RTIFICATE OF DEATH COMMEN OF MARKET	- 0 .0 /					
DIKITI NO.	STATE OF MARI						
THANK Brown	2. DATE AND HOUR OF DEATH	1115CA					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	AD 4. USUAL RESIDENCE (Where deceased lived, If institution	residence before admission					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	E STREET AND COUNTY	604					
THE JOHNS HOPKINS HOSPITAL	BALTIMORE D. INSIDE CITY	4					
33	402 N. CHAPEL ST.						
5. SEX 6. RACE 7. MARRIED NEVER A WIDOWED DI	MARRIED 3. DATE OF BIRTH 9. AGE (in years lost birthday) 66	der 1 Yr. If Under 24 Hrs. s Doys Haurs Min.					
10A USUAL OCCUPATION (Give kind of work 10B KIND OF BUSINESS	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 112. C	TIZEN OF WHAT COUNTRY					
done during most of working life, even it relired	Magnid 1	4.14					
SIDNEY BROWN	SALLY BROWN	V					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURI	ITY NO.	ADDRESS					
18. /	SE OF DEATH	me					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A	BETWEEN ONSET AND DEATH					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.							
ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES							
(8)	SeverE HyperTENSION	4 years					
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) sloting the UNDERLYING CONDITION last. (C)	MASSIVE L Cerebral Hemorrhaye	2 days					
11							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	***************************************						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPEN	RATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED					
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF home, form, foci	INJURY (e.g., in or about 21 C. WHERE DID (if in Boltimore City, glory, street office bidg., INJURY OCCUR?	lve exact location)					
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OF	CCURRED 21F. HOW DID INJURY OCCUR?						
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OF INJURY IAPPROX.)  While At Work	Not While At Work						
22. I certify that (1) (this haspital) attended the deceased fram Aug 22 19 72 to Aug 24 1972							
that (1) (we) last saw the deceased alive an Aug 24 1972 and that in (my) (our) apinion death occurred on the date							
and have and from the causes stated above. (I) (We) (did did view the bady after death.							
23A SIGNATURE 23B, DATE SIGNED							
Bruce K. Slough MD	Bruce K. Sleey & MD DEGREE Phys. American Director Phys. A aug 24, 1972						
BRUCE K. FLOYD M.D.		PITAL					
REMOVAL (Specify)  REMOVAL (Specify)  REMOVAL (Specify)  REMOVAL (Specify)	AETERY OF CREMATORY PAR 24D. LOCATION (City, town,	or county) (State)					
25A. DATE REC'D BY HEALTH DOT. 25B. NAME OF REGISTRA	E 25C. FUNERAL DIRECTOR	ADDRESS					
AUG31 1972 Today 15 150-REV. 1/1/68	to RO JU WILSON	FH					
	Y Y						

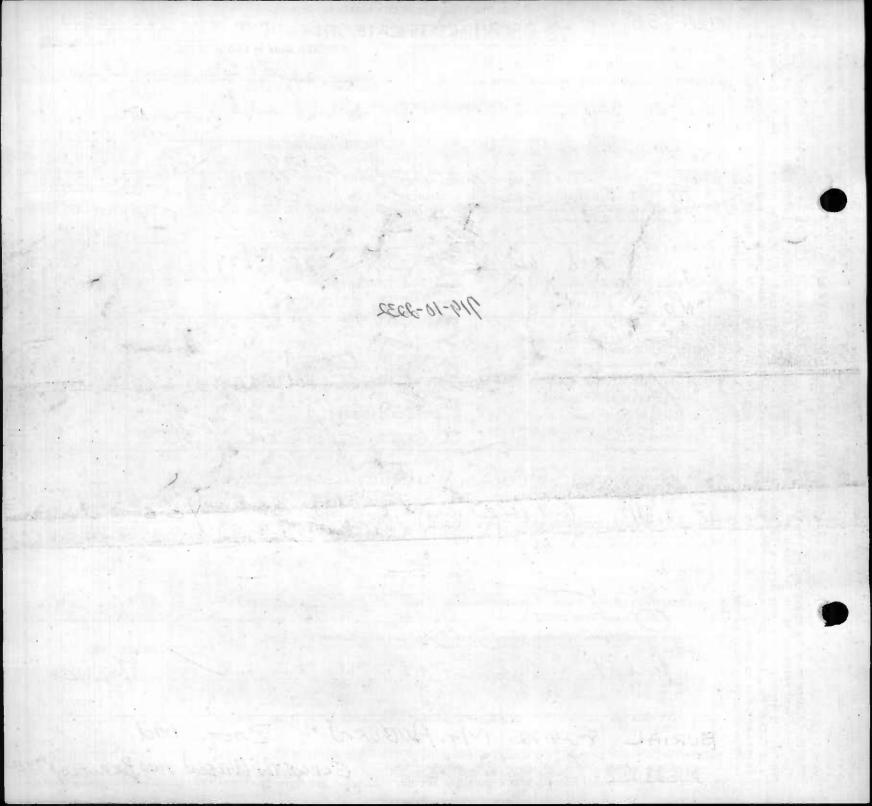


BALTIMORE CITY HEALTH DEPARTMENT								
	72 (8)	SE CERTIFICA	TE OF DEATH	REG. NO. 72				
1.	NAME OF DECEASED	300	2. DATE ANI	STATE OF MARY	LAND-DHMH			
I IT	ype or Print Masel Sco	H		3-7 Z	12 - P. M.			
	PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where	deceased fived. If institution	residence befare admission)			
F	ULL NAME OF OF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)  ASTITUTION	NSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?					
K	Johns Hopkins Hos	pital	Baltimore YES NO					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	931 E. 41st. Street					
	F B WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	11/10/04	68	der 1 Yr. if Under 24 Hrs. Days Hours Min.			
de	A. USUAL OCCUPATION (Give kind of work 108, KIN me during most of work had life, even if refired)  Descript	D OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (Stote or loreign country)  12. CITIZEN OF WHAT COUNTRY?  BULLENUS ML U. SA					
	William Scott		matilda 4/	Mercon				
15 (Y	. Was Deceased Ever in U. S. Armed Fercés? es, no of unknown) lif yes, give war or dates of sen	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	1 0	ADDRESS			
-	18.	2/3-09-5110 CAUSE OF DEATH	asa Jay	In game	A STRONG AND THE PARTY AND			
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH  (A) IMMEDIATE CAUSE A Systole							
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  DUE 10, OR AS A CONSEQUENCE OF:  County at arrest 4							
	ANTECEDENT CAUSES	4	3 / /	lant le	23 60000			
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	rosu	11			
	underlying condition last.			ilure	> 4 months			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
ERTIFICA	19A-DATE OF OPERATION 119B CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FINDING IN CERTIFTING CAUSES OF	S CONSIDERED F DEATH?			
AL CE	21A. ACCIDENT WAS UNDERLYING  21A. PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, (ontory, street, office bldg., INJURY OCCUR? etc.)  21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, (office bldg., INJURY OCCUR? etc.)							
MEDIC	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While AI   Not While	21f. HOW DID INJU	RY OCCUR?				
	22. I certify that (I) (this hospital) attended the deceased fram 7-31-72 19 ta 8-23 19.22							
	that (1) (we) last saw the deceased alive an 9-23 19 72 and that In(my) (aur) apinian death accurred an the date							
	and hour and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.							
	23A. SIGNATURE 23B. DATE SIGNED							
	Coul Ahumade M. D. DEGREE Phys. Director Phys. 5 8-23-77							
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS							
24	GAIL HHUMADA DEGREE Johns Hopkins Hospital							
1	A. BURIAL CREMATION, 248, DATE 24 REMOVAL ISpecify)	CONAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City, lown,	or county) (State)			
25	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PURPERAL DIRECTOR ADDRESS							
	AUG31 1972 Hidney to	Markon ?	8 My W/M	-1000 Bi	unthih			
VS	150-REV. 1/1/68			JUVEL MILL	ga eyin			



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

11) 13/	BALTIMORE CITY	HEALTH DEPARTMENT	72 08259					
DIKITI IVO.	08359 CERTIFICA		OF MARYLAND-DHIME					
(Type or Print)	OR Tham	2. DATE AND HOUR OF DEATH	53. PM.					
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If	nstitution: residence before admission)					
HOSPITAL OR ADDRESS OR LOCAT	L OR INSTITUTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
INSTITUTION		.0 0	YES NO					
31 BALTIMORE	City Mosp	E. STREET AND NUMBER  2377 WPKATTST Ball						
S. SEX   6. RACE   7	· MARRIED NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In years						
m Black	WIDOWED DIVORCED	10/ 104 lost birthdoy	II Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.					
done during most of working life, even if retired	08. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
		NOR h Caylun	al.sik					
13. FATHER'S NAME JOSH	WORTHAN	14. MOTHER'S MAIDEN NAME ARN 15 MA (?)						
15. Was Deceased Ever in U. S, Armed Force (Yes, no or unknown) (If yes, give wor or dates		17. INFORMANT	ADDRESS					
(Yes, no or unknown) (If yes, give wor or dotes	ol service) SECURITY NO.	Whe s	ame					
18. / 5 O X I	CAUSE OF DEATH	н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRE	CTLY		BETWEEN ONSET AND BEATH					
LEADING TO DEATH	(A) IMMEDIATE CAU	ISE Palingno						
	(This does not mean the made of dying, e.g., heart failure, astheria, etc. II means the disease, including which caused death)							
ANTECEDENT CAUSES								
(B) Callman of 100 ory (any								
	DISEASES OR CONDITIONS, if any, giving  The la line above couse (A) stating the  UNDERLYING CONDITION lost.  (C) ESTERLAGEAL CARCER							
UNDERLYING CONDITION lost.	(c) estich	ugeal CHNCER						
O THE SIGNIFICANT CONDITIONS CON	TRIBUTING CASTROIT	my cevin e organ stry						
▼ DISEASE OR CONDITION GIVEN IN PART	1 (A).	0						
19A. DATE OF OPERATION 19B. COND	DRMED		AUSES OF DEATH?					
U 21A, ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i		- 3					
OR CONTRIBUTING CAUSE OF	home, lorm, foctory, street, of	fice bldg. THIURY OCCUR?	are City, give exact location)					
21D. TIME (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
OF INJURY	While At Not Whil							
	WORK - AT WORK		0					
22. I certify that (1) (this haspital)	1	197V ta						
that (I) (we) last saw the deceased	olive on 1/24/7	19ond that in(my) (our) or	inlon deoth occurred on the date					
and haur and from the couses state	and haur and from the couses stoted obove (11) (We) (did) (did not) view the body ofter deoth.							
23A. SIGNATURE	3A. SIGNATURE							
Respond L.	8/24/2							
23C. PHYSICIAN'S	DEGRÉE !!!	23D. ADDRESS	1 St fill					
NAME (Type)								
24A. BURIAL CREMATION, 248. DATE	24C, NAME of CEMETRY OF CRI	EMATORY 24D, LOCATION (	City, towp, or county)   IState)					
REMOVAL (Specify) Con 20 00 - HURURAL ROLL								
BURIAL FJ9	The second		ADDRESS					
25A. DATE-REC'D BY HEALTH DEP	258. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR MILESON	1000 REPUTIES AVE					
AUG31 1912 MAG	They bred of the	Carry as voiesore	premitted					
VS 150-REV. 1/1/68								



25A. DATE REC'D BY HEALTH DEPT.

AUG31

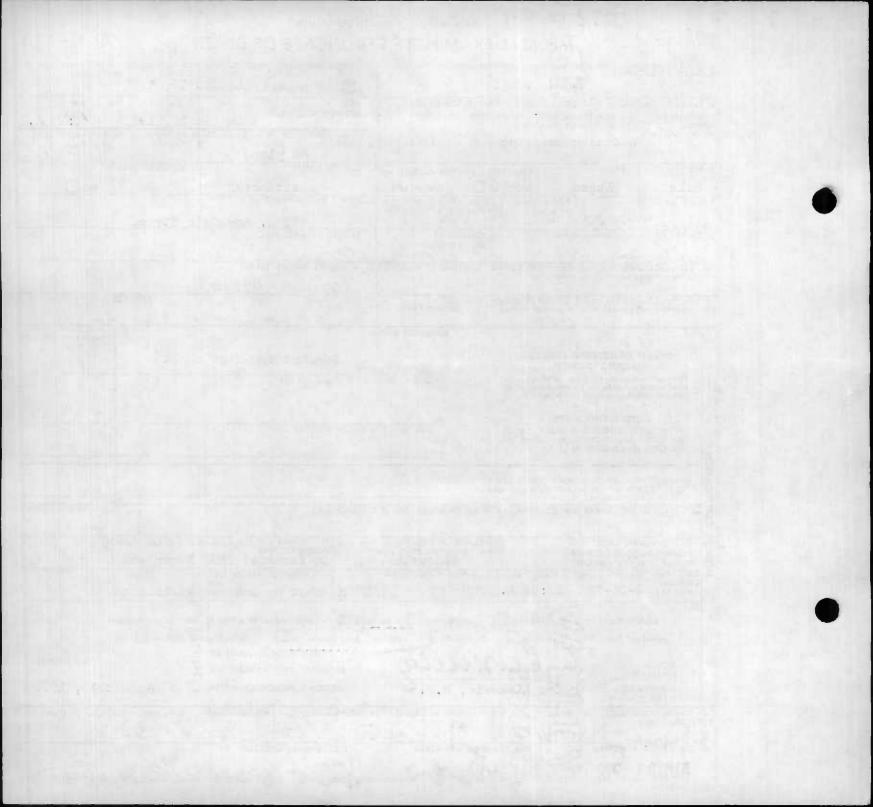
258. NAME OF REGISTRAR

72 08200 STATE OF MARYLAND-DHAME STATE OF MARYLAND-DHAME MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. BIRTH NO 1. NAME OF DECEASED 2. DATE Known X Month Day Year Hnyr (Type or Print) LEON OF VENEY August 26, 1972 Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Hour Day Yeor PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET August 26, 1972 1:15 A.M. HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) Lutheran Hospital (DOA) A. STATE B. COUNTY Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS? 6. SEX 7. RACE 8. MARRIED NEVER MARRIED Male WIDOWED Negro DIVORCED Baltimore YES V NOL E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthday) Months Days , Hours , Min. 643 N. Rosedale Street W. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or Junes of service) 17. SOCIAL 8. INFORMANT ADDRESS SECURITY NO. APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Gunshot wound of chest LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart loilure, osthenio, etc. It means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)-CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes 22A. EXTERNAL CAUSE WAS 228.PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (II in Baltimore City, give exact location) home, farm, lactory, street, office bldg., etc.) INJURY OCCUR?

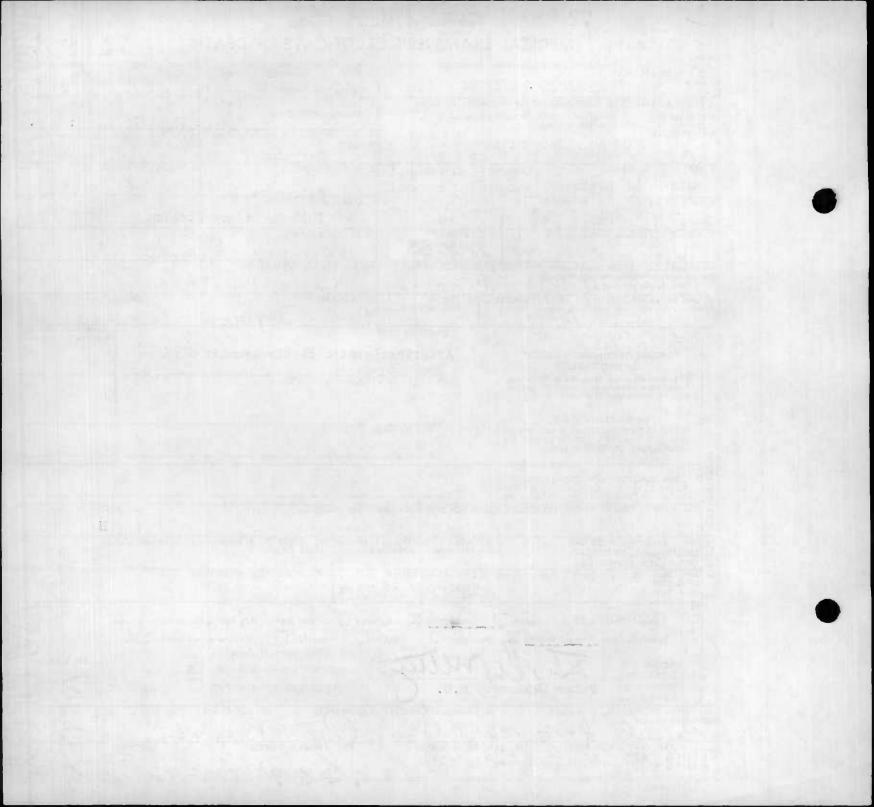
In front of 2838 Edmondson Avenue UNDERLYING X OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Hour) 22E.INJURY OCCURRED 22F. HOWDID INJURY OCCUR? (Year) OF INJURY NOT WHILE (APPROX.) 8-26-72 WHILE AT 12:59 A. Shot by unknown assailant WORK 23. Inspection Autopsy X I certify that I held an Inquiry and that on this basis, death in my opinion Suicide Homicide K resulted from: Natural causes Accident \_\_ Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER & SIGNATURE. M.D. EXAMINER'S Peter Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER August 26, 1972 NAME (Type) 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (State) REMOVAL (Specify)

25C. FUNERAL DIRECTOR

ADDRESS



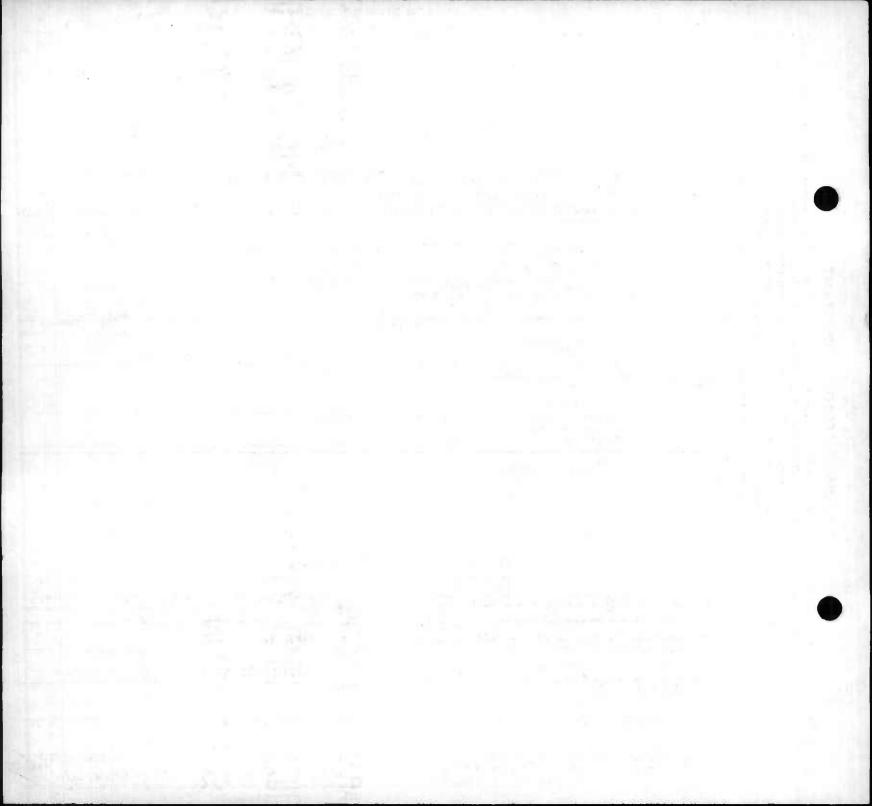
72 08361 STATE OF MARY LAND - DHAM	
4-432 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 72 0830	61
BIRTH NO.	
t. NAME OF DECEASED (Type or Print)  CHAMPION FIELDS  2. DATE Known M Manth Day Year Hour OF DEATH Estimated August 27, 1972	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Manth Day Year Hour	М.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)  PRONOUNCED DEAD  August 27, 1972 8:05	А.м.
OR INSTITUTION  2025 Mc Eldery Street  5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before odmit  A. STATE  B. COUNTY	sion)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?	7
Male Negro	
9. DATE OF BIRTH   10. AGE (In years   Munder 1 Yr. II Under 24 Hrs.   E. STREET AND NUMBER   10. AGE (In years   Munder 1 Yr. II Under 24 Hrs.   E. STREET AND NUMBER   10. AGE (In years   Months; Doys   Hours   Min.   2025 Mc Eldery Street   2025 Mc Eldery Street	
11. BURTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Proper Fields	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
done during mast of working life, even if retired) we Surie Butta	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (II yes, give warde, dales of service)  17. SOCIAL SECURITY NO.  18. INFORMANT  On the service of se	Co.
119. CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease, injury ar complication which caused death.)  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:	ND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  C)  (6)  (7)  (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes of	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes of No.	r No)
277A EVYERNIAL CALLER WAS 228 BLACE OF INITIBY OF Its should 220 WHERE DID (Its Bullman Charles)	
228. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (II in Baltimore City, give exact location)  UNDERLYING OR CONTRIB-  228. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (II in Baltimore City, give exact location)  hame, farm, factory, street, affice bidg., etc.) INJURY OCCUR?	
BUTING CAUSE OF DEATH	
UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED. 22F. HOW DID INJURY OCCUR?	
UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED. OF INJURY (APPROX.) WHILE AT WORK 22F. HOW DID INJURY OCCUR?	
UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?  OF INJURY  WHILE AT NOT WHILE	
UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK  1 certify that I held an Inquiry Inspection Accident Suicide Hamicide Undetermined manner	
UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED. OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK  i certify that I heid an Inquiry Inspection Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER  ACTUAL  ACTUAL  DATE SIGN	NED
UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED. OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK  1 certify that I held an Inquiry Inspection Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE  UTING CAUSE OF DEATH.  22F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  Actident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNATURE	
UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED. OF INJURY (APPROX.)  WHILE AT NOT WHILE AT NOT WHILE AT WORK  1 certify that I held an Inquiry Inspection Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER AUgust 27, 19  NAME (Type)	72
UTING CAUSE OF DEATH.    22D. TIME (Month) (Day) (Year) (Haur)   22E.INJURY OCCURRED   OF INJURY (APPROX.)   WHILE AT   NOT WHILE   AT WORK     AT WORK     AT WORK     AT WORK     AT WORK   AT WORK     AT WORK     AT WORK     AT WORK     AT WORK     AT WORK   AT WORK     AT WORK   AT W	72
UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED. OF INJURY (APPROX.)  I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my opinion resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner Accident Signature  EXAMINER'S Peter Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER August 27, 19  24A. BURIAL (Stephanion, 124B. DATE AUGUST 24C. NAME of CEMETERY or CREMATORY 194D. LOCATION (City, tawn, or county) (Stephanion)	72



## FUNERAL DIRECTOR: IMPORTANT

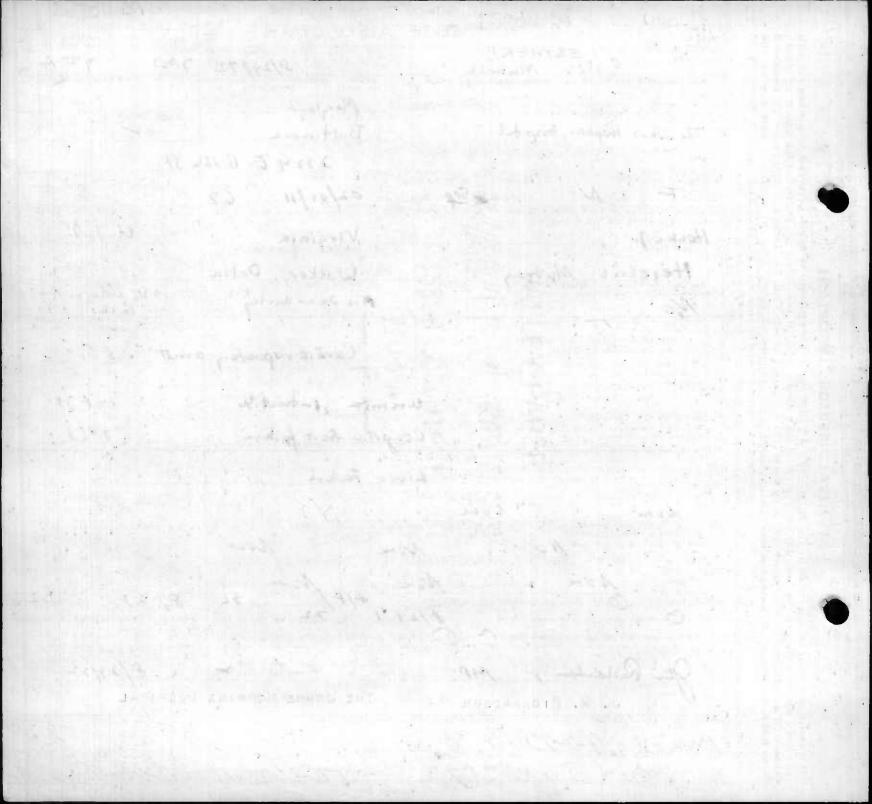
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0	BALTIMORE CITY	HEALTH DEPARTMENT		140 4
72 083	G2 CERTIFICA	TE OF DEATH	REG. NO.	72 (8232
(Type or Print)	, 12	2. DATE AN	D HOUR OF DEATH	1/30
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Who	e deceased lived. If i	nstitution: residence before admissian)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	10 " 0 . 1 . 1	nd	1505
INSTITUTION Provident Hosp	ITAL Compley	Baltimor	2	YES NO
39		E. STREET AND NUMBER	leith	ane
./~	RRIED NEVER MARRIED DIVORCED DIVORCED	3-22-06	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, Kildone during most of working life, even if refired)	ND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
		SouthCA	ROMA	1111
13. FATHER'S NAME		MOTHER'S MAIDEN NAM	NE D	70.2.
15. Was Deceased Ever in U. S. Armed Forces?	1 6- SOCIAL	17. INFORMANT	nue	ADDRESS
(Yes, na ar unknown) (If yes, give war or dates of ser	vice) SECURITY NO.	Under Por		1.0
18. 6 / 9 1	CAUSE OF DEAT	H	au s	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		Mit 11.	P	DETWEEN ONSET AND DEATH
(This does not mean the mode of dving	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:	Largneza	La.
heart failure, asthenia, etc. It means the dis injury ar camplication which coused death.)	ease,			
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, if any, insee to the obove cause (A) stating	iving DUE 10, OR AS	A CONSEQUENCE OF:		***************************************
UNDERLYING CONDITION lost	(c)		****************	***********
OTHER SIGNIFICANT CONDITIONS CONTRIBU	IING INAL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING!	FOR WHICH OPERATION	20A. AUTOPSYT (Yes or No)	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	21B PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or about 21 C. WHERE DID	(II In Baltima	re City, give exact location)
21D.TIME (Month) (Day) (Year) (Hours	21 & INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
(APPROX.)	While At Not While At Wark			2
22. I certify that (I) (this hospital) atten		ang 20 1	9 /2 10 th	ng 24 19 72
that (1) (we) last saw the deceased allve	11 1 1.	- 1-0 %		nion death occurred on the date
and hour and from the causes stated abo	ve. (1) (We) (dld) (did not) v			
23A SIGNATURE 1 1000	1	nding Med. M		23B. DATE, SIGNED
Jaurice de Alles	Why M. DEGREE Phys	Different — 1	hys.	8/24/72
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE	4C. NAME of CEMETERY of CRE	MATORY 24D. LO	CATION (C	ity, town, ar equity) (State)
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 8-29-72	AC. NAME OF CEMETERY OF CRE	EM, PARK 24D. LO	CATION ICI	ity, town, ar equity) (State)
PREMOVAL (Specify) 8-29-72)	AC. NAME OF CEMETERY OF CRE	. 0	<i>PRBUTUS</i>	ADDRESS AVE



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-606 72 08383 BALTIMORE CI	TY HEALTH DEPARTMENT 72 08363
BIRTH NO.	ATE OF DEATH
I, NAME OF DECEASED ( ESTHER)	2, DATE AND HOUR OF DEATH
(Type or Print) Ester Murray	5/29/72 7AT 7 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN CED DEAD	4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland
The Johns Hopkins Hospital	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES P  NO
The control troping assignment	E. STREET AND NUMBER
33	2324 E. Biddle St.
S. SEX  6. RACE  7. MARRIED NEVER MARRIED WIDOWED  WIDOWED	B. DATE OF SIRTH  9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months Doys Min.  02/09/// 67
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	
Housewite	Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hezekiah Murray	Walker, Delra
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT 9 L5 Certify de Are.
No.	Buth.
18. CAUSE OF DEA	ATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AUSE Card To responding arrest 5
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	AUSE Card to responden arest 5
injury or camplication which caused death.)	
ANTECEDENT CAUSES (B) Une	mja, judvoctish oct ?/
DISEASES OR CONDITIONS, if any, giving DUE TO, OR	AS A CONSEQUENCE OF:
UNDERLYING CONDITION Iasi. (c) Con-	get in Hart Justine 1463
z 11	7
	er Fahre
DISEASE OR CONDITION GIVEN IN PART I (A).  U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
- None Nove	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	g., in or about 21 C. WHERE DID office bldg., INJURY OCCUR?
Non	
OF IN ILLRY	/hile -
(APPROX) NOTE Work U / CHEWO	
22. I certify the (1) (this hospital) attended the deceased from	19 72 to 8/29 19 32,
that (1) (1) (1) lost saw the deceased alive on	
ond hour and from the couses stated above. (1) We) (did) (did not	) view the body ofter deoth.    238, DATE SIGNED
1 0 0 1 1 A	
GEORGE UE GREEK	Attending Med. Staff Phys. D F/29/72    23D. ADDRESS
J. W. RICHARDSON	THE JOHNS HOPKINS HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	
REMOVAL (Specify)	made Ball noll
1954. DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAR	250 UNERAL DIRECTOR ADDRESS
AUC31 1072 A 1 1927 X 20 0	Soulalon 1 And Manthe Me
VS 150-REV. 1/1/68	The state of the s



0 1111	ייים פייי	00004	BALTIMORE CITY	HEALTH DEPARTMENT		72 08264
5-140	16	08364	CERTIFICA	TE OF DEATH	REG. NO.	
INAME OF DE	EASED FRANCI	S P. SH	IPLEY .		AND HOUR OF DEATH	OF MARYLAND-DHME
Type or Print)	EDANCIS	P	Cliple	4	gust 29,1972	2 1 10 A.M.
L PLACE IN BA	TIMORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. Il insti	itution: residence before demission)
			1	A. STATE B. COL		501
ULL NAME OF	ALLERESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	Marylan		201
NOTITUTION	131 Naisqui			C. CITY OR TOWN Baltimo		E CITY LIMITS?
00	TOT MIDGUI	dii bu.	Apr. 2 G	E. STREET AND NUMBER		YES 🔼 NO 🗌
				11		Ant 2 C
SEX	6. RACE	7		8. DATE OF BIRTH		Apt 2 G
Male	White		NEVER MARRIED		lost birthday	Months Days Haurs Min.
		WIDOWED		Sept. 3, 1896	75	12 CITIZEN OF WHAT COUNTRY?
	working life, even if refired)	ING KIND OF	POMINESS OR INDUSTRI	119 BIKITITEN CE (SIGIR OF IC	reign county)	12 CHIZEN OF WHA! COUNTRY
Butch	her	re	tired	Carroll,		UBA
FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
Fra	ancis W. Sh	ipley		Adalain	е	
	Ever in U. S. Anned Fer		& SOCIAL	17. INFORMANT		ADDRESS
NO NO	war or dole	s or services	SECURITY NO. 4-01-1410	Mrs. Vivian	E. Shipley-	131 N. Aisquith S
118, / 2	0 V	~-	CAUSE OF DEAT			APPROXIMATE INTERVAL
	SE OR CONDITION DE	DECTI Y				BETWEEN ONSET AND DEATH
DISEM	LEADING TO DEATH	RECILI		ISE TERMINAL	SANCER	6 MONTHS
	not mean the mode of		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	CVIDECK	CHINDM W
	, asthenia, etc. It means mplication which caused					
	ANTECEDENT CAUSES		Saut	00	4 MONIOSKS	A 10 10 10 10 10 10 10 10 10 10 10 10 10
DISEASES	OR CONDITIONS, If		(8) DUA ORAS	A CONSEQUENCE OF:	SOPHAGUS	
	e above cause (A)		DOE 101 ON NO	F courteformer our E	500 HH40-02	The second second
UNDERLYIN	G CONDITION lost.		(c)			
	11					
	FICANT CONDITIONS CO TH BUT NOT RELATED TO T		<i>Y</i>	3400		
DISEASE OR	CONDITION GIVEN IN PAR	T 1 (A).				
19A. DATE O	P OPERATION 19% CON WAS PER	PORMED	HIGH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDI	NT WAS UNDERLYING	218	HACE OF INTHEVIOR	n or about 21 C. WHERE DID	III to Rollimore	City, give exact location)
OR CONTRIB	UTING CAUSE OF	home	form, factory, street, o	ffice bidg., INJURY OCCUR	in in bonniere	City Bire exect leculon,
	y medical examined					
21D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21% HOW DID I	NJURY OCCUR?	
(APPROX.)		While	Not While	• 🗆		
22. I certify	y that (1) (this hospita	l) attended the	a deceased from	TAN.	19 77 to A	UG-US T 19 22
	) last saw the decease		Aug. 21	· · · · · · · · · · · · · · · · · · ·		an death accurred an the date
	The state of the state of	10				mi facili necolled dil the dala
		red above. (!)	(me) (did) (did not)	riew the bady after death		220 DATE SIGNED
21A. SIGNAT	1 1/1 1	1	Mrs In	ending Med.		23R DATE SIGNED
Dil	Manch Mr 1	Rouse	DEGREE! ""	Zi Zi Directur —	Staff Phys.	8-51-15
23C. HITSICI NAME (	AN'S Typel ()	, 1	ND	23D. ADDRESS	40 71107	
	RICHARD	1	SNTID	1031 ASC	2011HS1.	
A. BURIAL CR	EMATION, 248, DATE	24C. NA	ME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (City,	, town, or county) (State)
Buris	11 Sep.1,		ltimore Cer	ne tery	Baltimore,	Maryland.
111637	972 Didne	4/Miles	FRESISTRA			
1000T	016	100	77-78	n. pandel	c sons, In	c., Balto., Md.
150-REV. 1/1	/68	1 1	dies to	1 6 . 1 /	1	

X X Talasta Wateries. March 1 S. March 1 State of the Control of the Cont

the state of the s

ing cause cause ennessee contributing (4) Undetermined Chaffanooga, IMPORTANT Route 153, any fracture of FUNERAL DIRECTOR: ransfer to Chattanooga Funeral Home, 3 burns; (2) Body to the hospital any nature; 0

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 72 08965 CERTIFICATE OF DEATH STATE pital and of death Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR (Type or Print) uo hompson eath. 4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) T C. CLTY OR TOWN D. INSIDE CITY LIMITS? attend Johns Hopkins HospiTAl AlTIMORE prior E. STREET AND NUMBER 5514 FRANK FORD AVE in regular disposition is mad 9. AGE (In years last birthdoy) 5. SEX 7. MARRIED NEVER MARRIED deceased MAle WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of loteign country) done during most of working life, even if retired)
Machinist Die Craft Corp Chattanooga, Tenn MOS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MINNIE 15. Was Decouded Ever in U. S. Armed Forces ENGle 60 death or final (Yes, no or unknown) (if yes, give war or dates of service) SECURITY NO. in regular attendance Bill Thompson-7759 Balto. St., 21224 No CAUSE OF DEATH pronounced DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF dore o MI who ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last the remains MOS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSYT (Yes or No) before 218 PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, larm, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (II in Boltimore City, give exact location) (except where MEDICAL DEATH (notify medical examined obtained (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not White White At (APPROX) Work and 22. I certify that (1) (this hospital) attended the deceased from and that in (my) (aur) opinion death occurred on the date that (i) (we) last saw the deceased alive an hospital eath) and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. he body was released must shows: (1) An accident 23A. SIGNATUR Attending Med. 0 approval O 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior to Petracek, M.D. B. D. B. C. REE The Johns Hopkins Hospital Michael R. was D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY eceased Chartanooga Mem. Pk. Cem. Removal to Chattanooga, Tennessee 25C. FUNERAL DIRECTOR 25A. DATE REC'D SY HEALTH DEPTY 258 NAME OF REGISTRAR Joseph N. Zannino, 263 S. Conkling Street

YES 17

Il Under 1 Yt. Months: Days

U.S.A.

23B. DATE SIGNED

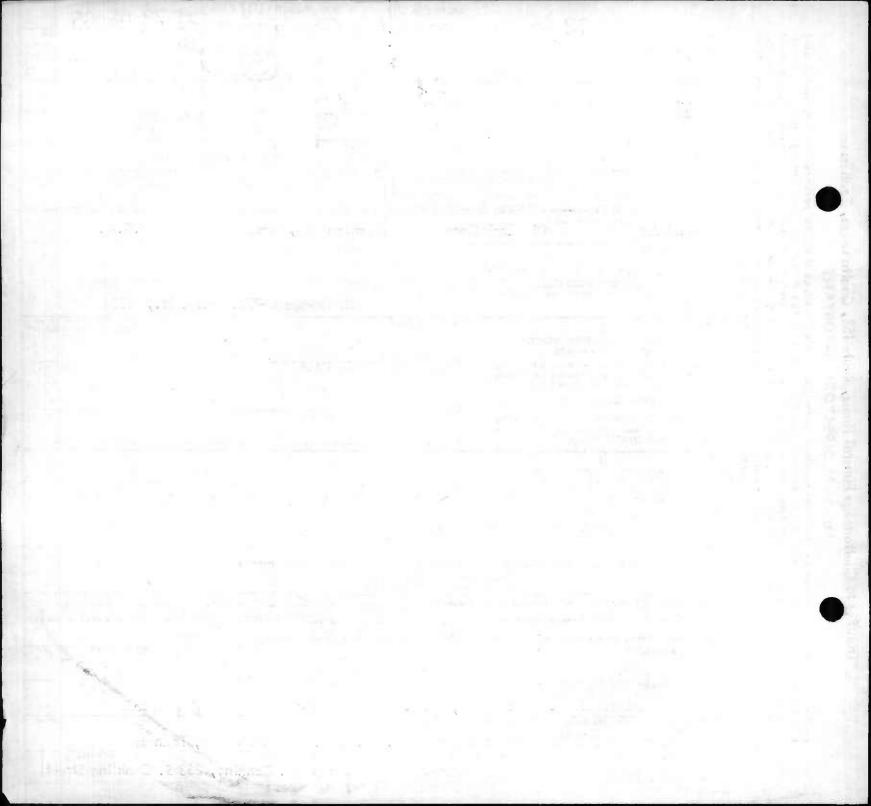
NO

12. CITIZEN OF WHAT COUNTRY?

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

If Under 24 Hrs.



-20-15 djr	72 08386 PALTIMORE CI	T HEALTH DEPARTMENT	8266
and eath ased the Such	BIRTH NO.  LINAME OF DECEASED  72 0836 CERTIFICA	ATE OF DEATH STATE OF MAR	YLAND-DHMH
deat deat ease n th Suc	1. NAME OF DECEASED (Type or Print) AA 12 47 44	2. DATE AND HOUR OF DEATH	30 1
£ 4 0 ° E	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	29 AUG 72,	7 A M.
se o (5) D ance deot		A. USUAL RESIDENCE (Where deceosed lived, if institution: reside	7/17
2 0	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OF TOWN D. INSIDE CITY LIMITS	10/1
use use	BALTIMORE CITY HOSPS.	BALTO: YES X	NO
a ca ca	1	E. STREET AND NUMBER	5-1
ar de bi	4940 Eastern Avenue Baltimore, Marydand	4940 Eastern Avenue 21224	1 1 1 1
mine gula sed mad	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years   Il Under 1 1 Months Doy	Hours Min.
recondender is	IOA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTR		OF WHAT COUNTRY?
or o	done during most of working life, even if retired)  AT HOME	PENNSYL VANIA.	, S.A.
was was the isposi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
h, (4 disp	MICHAEL MATISZ	MARY KRAYNICK	
ind,	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT 4940 Eastern Avenue	DRESS
find a rin	NO NONE	BCH: RECORDS Baltimore, Maryland	21224
any if	18. 200, 91 CAUSE OF DEA	TH AP	PROXIMATE INTERVAL
lso of of	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cardina Quint	2. 140.
ono alm	I Degli Igliure, gsinenia, etc. Il magns the disease.	S A CONSEQUENCE OF:	Sudan,
act act	injury at camplication which caused death.)		
true e	ANTECEDENT CAUSES  (B)	S A CONSEQUENCE OF:	
3) / W	I luse in the apole canse (W) signification		1950
cal ciar iciar as i	UNDERLYING CONDITION lost. (c)	weeks includes	1730
E S Z Z E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO ISEASE OR CONDITION GIVEN IN PART 1 (a).	In marca la Constant 1 1/2	10/1
ph du us	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Frovascula acada a Lyam	- 1461
by a by a bed the hysic	198- CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEAT	NSIDERED TH?
(2) ere		In or about 21 C. WHERE DID (II In Bollimore City, give exe	ct locotion)
S e e	DEATH (notify medical examined)	office bldg. INJURY OCCUR?	
35 30	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
the ho ny nat except and (c	(APPROX) While At Not Whi	!° 🔲	
the tany n and and obtain	22. I certify that (1) (this haspital) attended the deceased fram	5 am 62 19 10 29 amo	19 7 2
55050	that (1) (wa) last saw the deceased alive on 28 and	and that in (my) (our) apinian death ac	curred an the date
eased to ident of nospital death) must be	and haur and from the causes stated above. (1) (%) (dtd) (dtd.not)	view the bady after death.  238, DATE SIG	-NEO
-0 - E - E	Elmunder Bergelany My Com Ph	ending Med. M Staff	
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	23C.PHYSICIAN'S NAME (Type) Edmund Beacham M.D.		10, 12
was r 1) An at A. at d prior	Decare	23D. ADDRESS Baltimore City Hospitals 4940 Eastern Avenue Baltimore Mar	noland 21224
AEO B B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CE	EMATORY 24D. LOCATION (City, town, or eou	
W S S S S S S S S S S S S S S S S S S S	BURIAL 9-1-72 HOLLY HILL MEMOR	SIAL GARDENS. 2117 OLD OREMS RO., BALTO.	co, MD,
the body shows: (1) was D.O.A deceased written as	AUG 3 1 1972 258. WAME OF REGISTRAR	behaves & July BOLTO. 21	
- 4 7 0 7	VS 150-REV. 1/1/68	1 Comando Wigner BALTO, 212	124. MD.

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PENKSTL VANIA

MARISE MARISE MARY KHAYMICK

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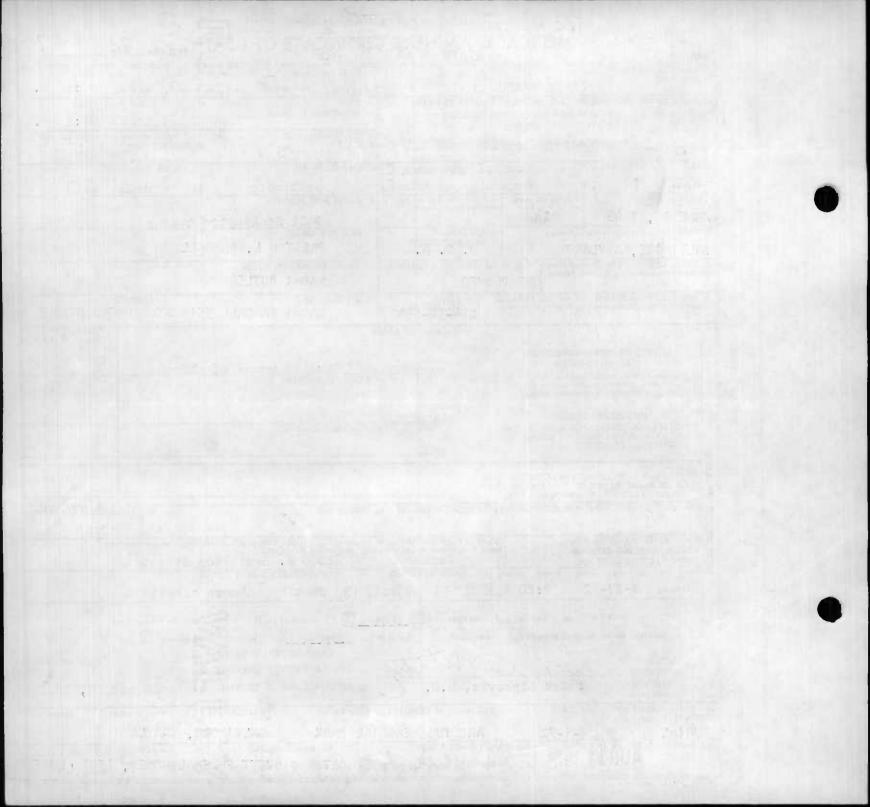
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The state of

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72 08267 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S C STATE OF MARY	CERTIFICATE OF DEATH REG. NO. 72 08367.
I. NAME OF DECEASED	2. DATE Known X Month Doy Year Hnur
(Type or Print)  JAMES RANDALL	OF DEATH Estimaled August 27, 1972 7:10 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD August 27, 1972 7:10 A.
Bon Secours Hospital	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)  A. STATE  Maryland  B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10.AGE (in years   Funder 1 Yr. II Under 24 Hrs.   JUNE 18, 1948   Last birthday)   Months, Days   Hours   Min.	E. STREET AND NUMBER
JUNE 18, 1948   24	3421 Stolington Avenue
11. BIRTHPLACE(Stole or foreign country)  12. CITIZEN OF	13. FATHER'S NAME
BALTIMORE, MARYLAND WHAT COUNTRY?	PRESTON L. RANDALL
14A-USUAL OCCUPATION (Give kind of work! 14B. KIND OF BUSINESS OR INDUSTRY done during mast of working life, even if retired)	
UNEMPLOYED	NAOM I BUTLER
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war ar doles of service) NO  17. SOCIAL 2 1 4-5 0-6833	IS. INFORMANT ADDRESS  NAOM I RANDALL 5519 STONINGTON AVENUE
19. CAUSE OF DEAT	TH APPROXIMATE INTERVAL
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	S PERFORMED  21. AUTOPSY? (Yes or No.)
O	Yes
□ UTING □ CAUSE OF DEATH. Park	in or about 22C. WHERE DID (If in Baltimore City, give exact location) bldg., etc.) INJURY OCCUR?  1300 W. Lexington Street
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 8-27-72 3:20 Am, WHILE AT WORK	WHILE Shot by unknown assailant
23.	
ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE	ond that on this basis, death in my opinion  Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  DATE SIGNED
EXAMINER'S Peter Lipkovic, M.D.	August 27, 1972
24A. BURIAL CREMATION, PAGE 24C. NAME of CEMETERY CREMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, lawn, ar county) (State)
BURIAL 9-1-72 ARBUTUS MEMOR	HAL PARK BALTIMORE, MARYLAND
AUG3 1 1972 258 MAME OF REGISTRAR July 18 Now 18	25C. FUNERAL DIRECTOR ADDRESS MORTON & DYETT FUNERAL HOMES, 1701 LAUREN
VS 151-REV. 1/1/68 N 8 7 9. /	STREE



VS 151-REV. 1/1/68

SIGNATURE
EXAMINER'S
NAME (Type)

24A. BURIAL CREMATION, REMOVAL (Specify)

Cremation

8/30/72

24C. NAME of CEMETERY or CREMATORY

Cremation

8/30/72

24C. NAME of CEMETERY or CREMATORY

Cremation

24B. DATE

24C. NAME of CEMETERY or CREMATORY

Cremation

8/30/72

24D. LOCATION (City, town, or county) (Stote)

25A. DATE REC'D BY HEALTH DEPT

25B. NAME OF REGISTRAR

AUG31 1972

25B. NAME OF REGISTRAR

ROBert C. Altenburg Funeral Home, Inc.

6009 Harford Rd. Balto. Md. 21214

A Total Secret Styl P.B.A. Holes of the Company of the C medade Attinguist 115-40-1961mrs. Rose Narie Cheerum Balto, 18.2 All the same of th

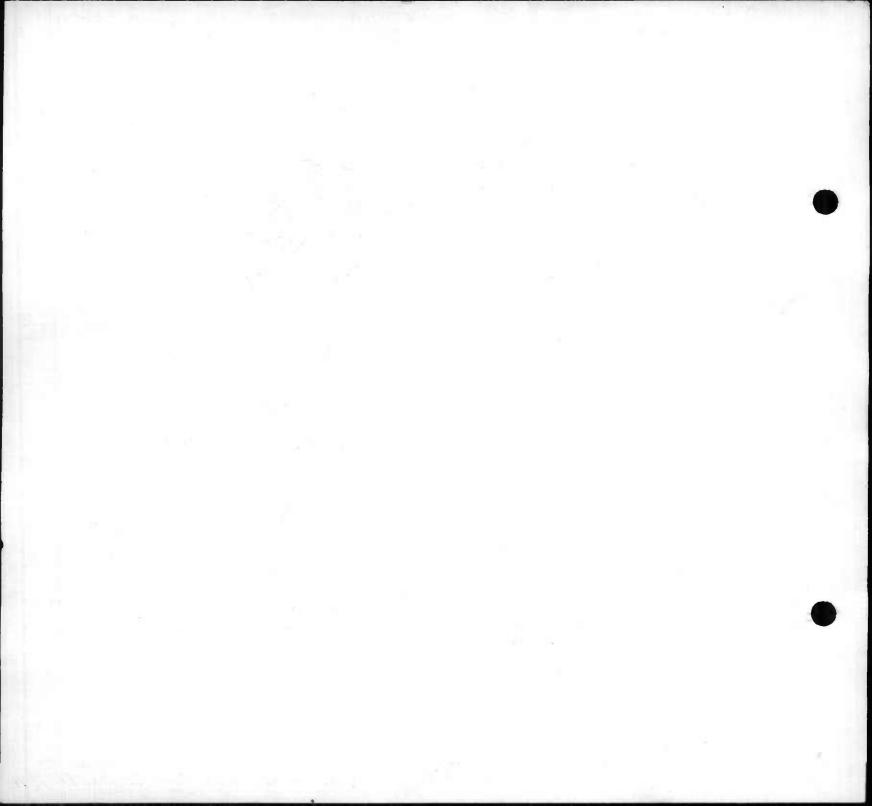
> To be a long with the party of the state of Service was painted.

> > Company of 25 washing

Cremation Branza Tetarite appoint fond material Hobert C. Altenborg Funeral Man SIS . Dr . and all . St Bredray 0000

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

0-160	BALTIMORE CITY	HEALTH DEPARTMENT	hyc	2 08370
BIRTH NO. 72 08	370 CERTIFICA	TE OF DEATH	KLD. 110.	MARYLAND-DHIME
1. NAME OF DECEASED	2001	2. DATE AND	HOUR OF DEATH	ARTLAND-DHMH
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4 USUAL RESIDENCE (Where d	leceased lived. Il institution	M M
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MASTATE B. COUNTY	,	1607
INSTITUTION		C. CITY OR TOWN	D. INSIDE CITY	_/
111	1.1	E. STREET AND NUMBER	163 [4	NO L
Lutheran Hospi	rel	2905 Min	chesten ?	Street
M N WID	ARRIED NEVER MARRIED DIVORCED DIVORCED		AGE (In years If Unit Month	der 1 Yr. 1f Under 24 Hrs. s Days Haus Min.
10A, USUAL OCCUPATION (Give kind of work 108, Kind of work 108, Kind of working life, even if refired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country! 12. CI	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		1317
Joseph Cooper		Ira Tinsley	1	
15. Wes Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown] (If yes, give wor ar doles of so	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	212-03-7095	Flossie H. C	ooper 29	05 Winche
18. × 8 × 1	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		se Pulmorar	5 0 0	
(This does not mean the made of dying heart failure, asthenia, etc. It means the d	(A) IMMEDIATE CAU	A CONSEQUÊNCE OF:	) Company Jam	***************************************
injury or camplication which caused death.	1			
ANTECEDENT CAUSES	(B) Cere	he vescular	accolent.	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) station UNDERLYING CONDITION last,	g ihe	A CONSEQUENCE OF:	Pareline.	
II	(4)		<del></del>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM		gain		
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION	100000000000000000000000000000000000000	20A. AUTOPSY? (Tax-or No) 2	OR IE VES WERE EINDING	CONSIDERED
WAS PERFORME	D	NO. "	OB. IF YES, WERE FINDING N CERTIFYING CAUSES OF	DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, larm, lactory, street, of etc.)	ar about 21 C. WHERE DID	(If in Baltimore City, g	ive exect lacotion)
21D. TIME (Manth) (Dayl (Year) (House	21E INJURY OCCURRED	21F. HOW DID INJURY	O C C U R?	
(APPROX)	While At Not While At Work			
22. 1 certify that (1) (this hospital) atter	nded the deceased fram	8 3 72 19	to	30 1972
that (1) (we) last saw the deceased aliv			n(my) (aur) apinian de	
and have and from the causes stated abo	ove. (1) (We) (did) (did nat) v	ew the body after death.		
23A. SIGNATURE	Atte	nding Med. Shot		TE SIGNED
23C. PHYSICIAN'S	DEGREE Phys	Director Physics ADDRESS		
NAME (Type)	NOON.	UDDYESS		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	DEGREE OF CEMETERY OF CRE	MATORY 24D. LOCA	TION IC'S AS	or severy 150
Burzal 9-5-72	Bolto Cemete		tion (City, lown,	or county) (Stote)
	AME OF REGISSRAR	DEC SHALERAL DIRECTOR		ADDRESS
AUG31 1972 Hidney	Mosson	WIB CO MAN	RCH 928 1	= NORTH A
/S 150-REV, 1/1/68				

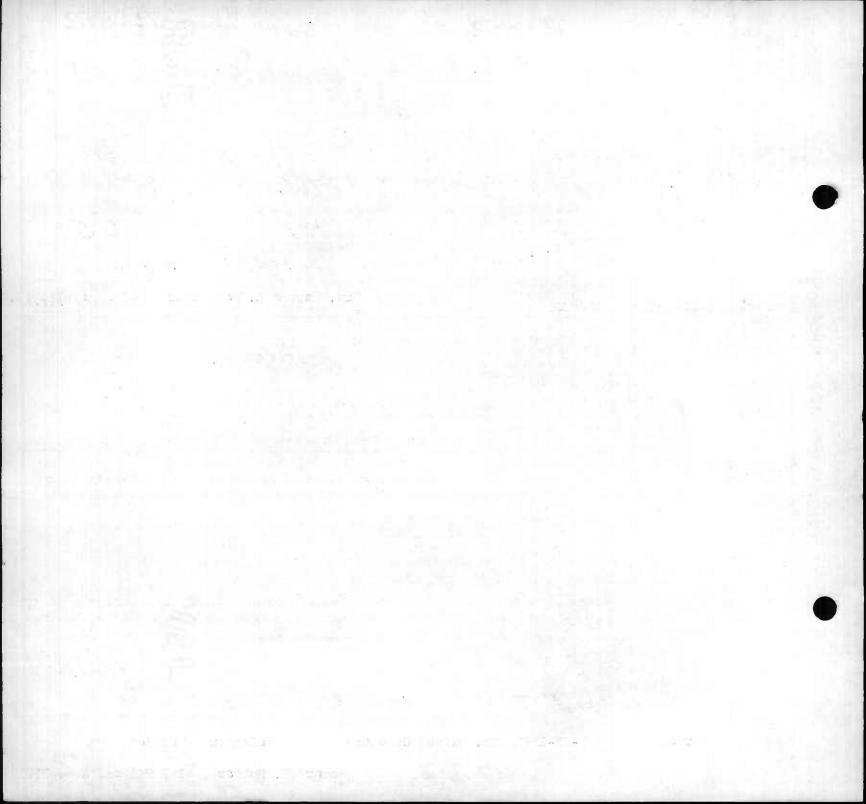


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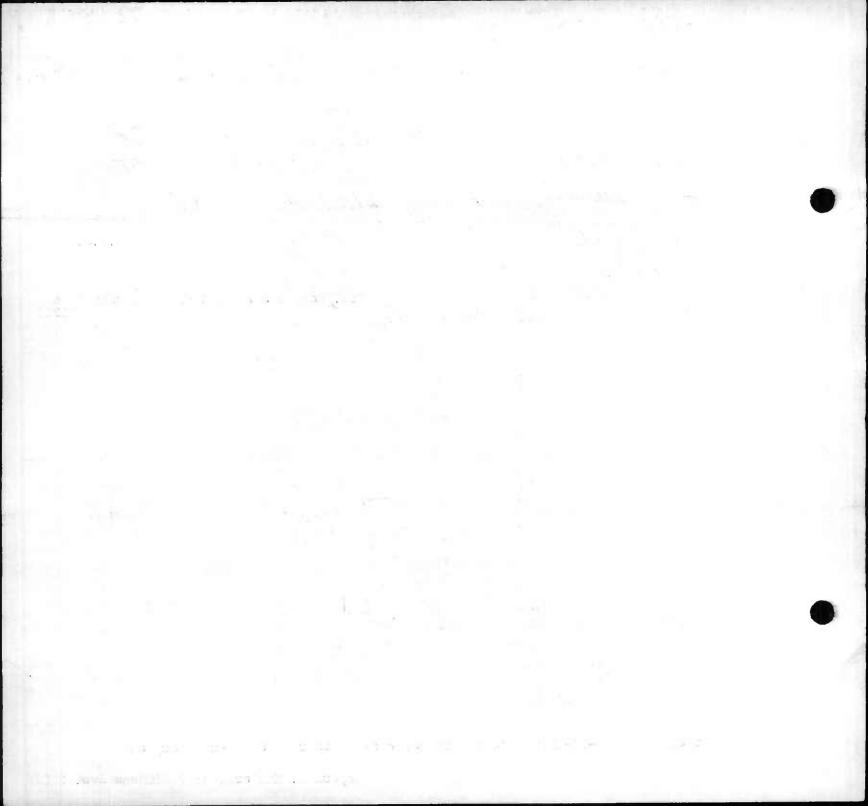
1155	-				BALTIMORE CITY HE	ALTH DEPA	RTMENT			17	2 (	Clim sag a
-100		MED	ICAL	EX	AMINER'S	CERTIFI	CATEC	OF DE	ATH		c (	8271
BIRTH NO.									REG	. NO		
1. NAME OF DEC		M. Chapma	an			2. DATE OF DEATH	Known Estimoted	_ 0	th Doy 30		7 e o r 7 2	Hour
4. PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PRO	ONO	UNCED DEAD	3. DATE		Mont	th Day	/	Yeor	Hour '
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	L OR INSTITUTION)	TUTIO	N, GIVE STREET		UNCED DEAD	0	31		72	5:30 a.
00	162	6 Ashla	and Av	ren	ue	A, STATE		/here deceo	B. COU		idence t	704
6. SEX	7. RACE		B. MARRIE	D [	NEVER MARRIED	C. CITY OR	TOWN		D. INSI	DE CITY L	IMITS?	
male	Negr	0	WIDOW	_		Ва	lto.			YES [	7	NO 🗆
9. DATE OF BIRTI	Н	10. AGE (In	yeors	If Unc	der I Yr. If Under 24 Hrs.	E. STREET	AND NUMBE	R		123	_	NO L
4-14-46						1	.626 Ash	land A	Avenue			
11. BIRTHPLACE (S	tote or foreig	gn country)	1		TIZEN OF	13. FATHER	'S NAME					
Marylan	nd			AA	HAT COUNTRY?	Eppi	e E. C	hapma	n			
14A.USUAL OCCU done during most of w	PATION (Giv	e kind of work	4B. KIND	OF B	USINESS OR INDUSTR	15. MOTHE	R'S MAIDEN	NAME				100.00
Laborer		en aremou)				Matt	ie Sto	kes				
16. WAS DECEAS	ED EVER IN				17. SOCIAL	18. INFOR				ADDR	ESS	
(Yes, no or unknown) Yes		tman	of service)	4	SECURITY NO. 212-44-9869	Matt	ie Cha	nman	1626	Ashla	nd	Ave
19.	1 0	OHCH			CAUSE OF DEA		10 0110	Dinari	2000		AP	PPROXIMATE INTERVAL
0//	7 1				Cirrh	osis of	livor				BETW	VEEN ONSET AND DEATH
	E OR COND LEADING TO	ITION DIREC	CTLY		CILLII	0515 01	TIVEL					
		mode of dy	ing, e.a.,		(A) IMMEDIATE (	AUSE AS A CONSEC	TIENCE OF					
heart failure	, osthenio, etc	. It means the	diseose,		DOL 10, OK 1	AS A CONSEQ	OLINGE OF					
	NTECEDENT				(B)DUE TO, OR	AS A CONST	OULTHOU OF					
RISE TO THE	E ABOVE CA	ONS, IF ANY USE (A) STAT	GIVING		DUE 10, OK	AS A CONSE	QUENCE OF:					
ZUNDERLYIN	IG CONDIT	ION LAST.			(c)							
		11										
O TO THE DEA	ATH BUT NOT	NDITIONS CO	THE TERMIN									
20A. DATE OF		GIVEN IN PA		OR V	VHICH OPERATION W	AS PERFORA	AFD			21	AUTO	PSY? (Yes or No)
U S			151116111		THE COLE AT THE COLE AT THE	TERT ORT						es
₹ 22A. EXTER	NAL CAUSE	1A/AC	12	2R DI	LACE OF INJURY(e.g.,	in as about 1	22C WHERE P	ID /II := P=	himan City a	iva august la		
UNDERLYING UTING CA	OR CON	TRIB-	ĥ	ome,	form, foctory, street, offic	e bldg., etc.)	NJURY OCCU	IR?	minore City, g	IVE EXOCITO	anony	
≥ 22D. TIME		Doy) (Year	) (Hour)	22	E. INJURY OCCURRED	2	22F. HOW DID	INJURY (	OCCUR?			
OF INJURY (APPROX.)						WHILE ORK						
23.				_								
l cert	ify that I h	eld an l	nquiry		InspectionAu	topsy XX	and that o	on this ba	sis, death i	n my api	nlon	
result	ted fram: N	laturol cau	ses XX	Ac	cident Suicio	le 🗌 He	amicide 🗌	Undet	ermined mor	ner 🗌		
		P	1		1 2 7		CHIEF MEDIC	AL EXAMI	NER			
ACTUAL		21.	111	1)	Willea.	ASSI	STANT MEDIC	AL EXAMI	VER XX			DATE SIGNED
SIGNATI		eter 1/	inkovi	C	M D	) ASSC	OCIATE MEDIC	AL FXAMI	VER		8	3/30/72
NAME (T		cut os.	-Provi									
24A. BURIAL CREA		24B. DATE		240	. NAME of CEMETERY	er CREMATO	ORY 2	AD. LOCA	TION (City	y, town, or	county	) (Stote)
Burial		9-2-7	2	1	Mt Calvary	Cemet	ery	Anne	Arund	el, (	Jty.	., Md.
25A. DATE REC'D	BY HEALTH				OF REGISTRAR		FUNERAL DIR			ADDR	ESS	
Alles.	1 1070	1.	8	4	2	Wn	C Mar	ch 95	28 E N	orth	A 37	9 -
VS 151 BEV 1/1/65	TIAIT	11/2	1	34	A PARTY OF THE PAR	6	3	7		O1 011		
VS 151-REV. 1/1/68	,		1		2 000		4 4			-		

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	S-242 72 CENTIFICATE OF DEATH REG. NO. 72 (83.72
4 D 0 4	BIRTH NO. 72 US372 CERTIFICATE OF DEATH REG. NO. 72 US372
Su	1. NAME OF DECEASED (Type or Print) Lee R. Sheckell 3  2. Date and Hour of Death  8/28/72 845 Am.
P o e	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
S) Ince	FILL NAME OF WE NOT IN HOSPITAL OR INSTITUTION GIVE STREET
da da da	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  D. INSIDE CITY LIMITS?
1000	South Baltimore General Baltimore YES DI NO [
d co	Tospital 127 5. Fulton Ave
ntribu mine gula sed mad	5. SEX  6. RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  WIDOWED DIVORCED 9. AGE (In years lost birthday)  WIDOWED DIVORCED 9. AGE (In years lost birthday)  Months: Days Hours Min.
reter record	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
or nde itio	Paper Cutter Kealast Fessive Pld,
irect (4) U (4) U m the lispos	13. FATHER'S MAME tauf man
the d kind; death nce on final d	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  SECURITY NO. 2/5-/4-77/7  Mrs. Bertha L. Dankmeyer, 3805 Annapolis Rd. 212-77
any ced or	18. CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NISO, Of OUR	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Septicemia
0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	heart failure, asthenia, etc. It means the disease,
n act	injury or complication which caused death.)  ANTECEDENT CAUSES  ANTECEDENT CAUSES
A for	ANTECEDENT CAUSES  (B) RESPITEMENT FAILURE  DISEASES OR CONDITIONS, if ony, giving  DUE TO, ORVAS A CONSEQUENCE OF:
(3) (3) an v	UNDERLYING CONDITION last. (c) Bronchagenic Canan. (d) Lung Lyear
rns, rns, sici	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
phy an	TO THE DEATH BUT NOT RELATED TO THE TERMINAL Chronic ofs devette pulmorary disease hay fears
3ody 3ody the sici	198. CONDITION FOR WHICH OPERATION WAS PERFORMED    20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
(2) by	O   21A. ACCIDENT WAS UNDERLYING
where No	DEATH (notify medical examiner) (etc.)  D 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?
hosp atu (6)	APPROX.)  Vision (About 1 and Al Work
he liy n	22. I certify that (I) (this hospital) attended the deceased from August 3 19 72 to August 28 19 72
dpp fort far (e	that (1) (we) last sow the deceased alive on August 28 19 72 and that in (my) (aur) apinion death accurred on the date
sed to sed to ent of pital eath) ust b	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
a de de	23A. SIGNATURE 23B, DATE SIGNED 23B, DATE SIGNED 8/28/22
acci acci	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
y was r (1) An a 3.A. at a d prior	Stanford J. Huber MD 3001 5. Harover ST.
E 700 -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
This certifie bod shows: ( was D.C decease	Burial 8-31-1972 Mt. Olivet Cemetery Baltimore, Maryland
This certhe boc shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS  AND AND ADDRESS  Howard H. Alubbard, 4107 Wilkens Ave. 21229
	VS 150-REV. 1/1/68

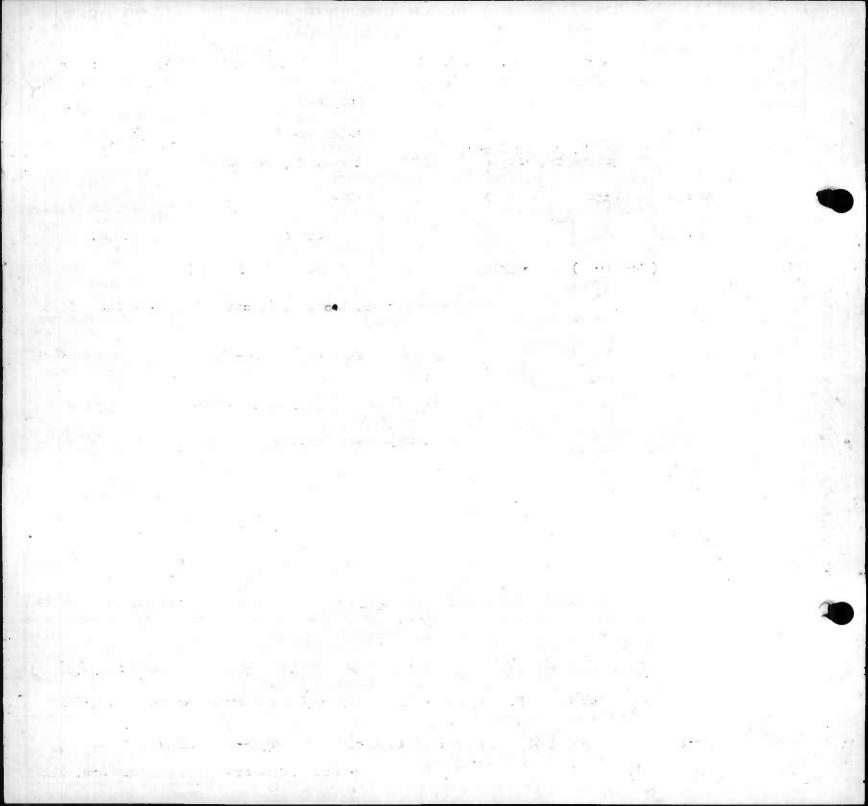


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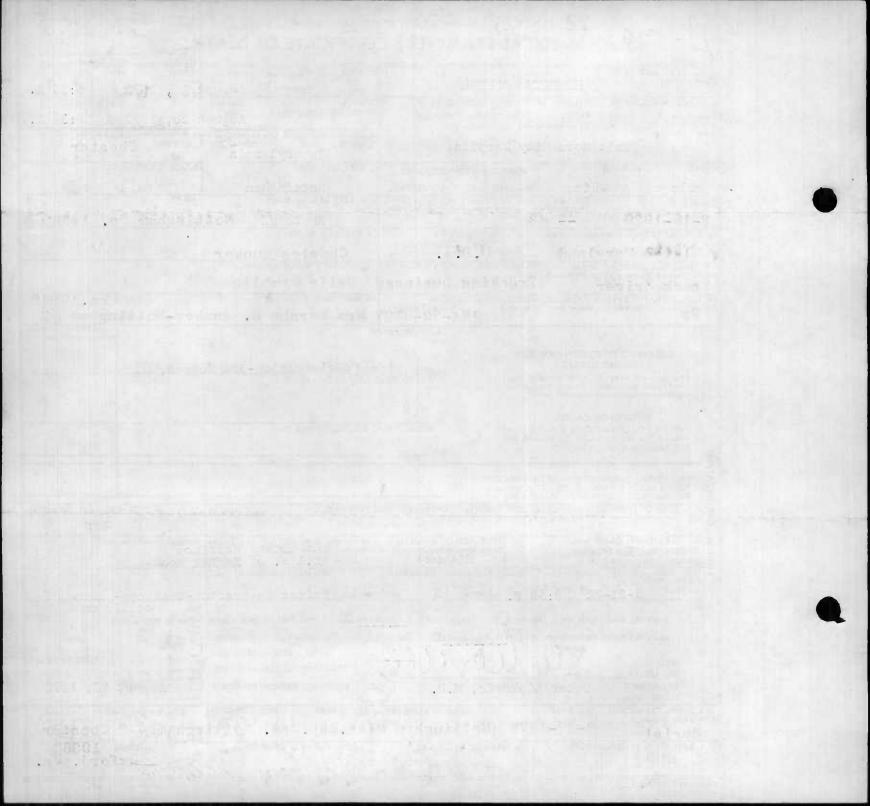
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a approved by the chief medical examiner or his assistant if death occurred in a hospital and I to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased tall (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the deceased prior to death. Such the obtained before the remains are embalmed or final disposition is made.	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
W. A. A. P.	
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	1			BALTIMORE CITY	HEALTH DEPARTME	NT	ומייו	15000
-	+ -626 H NO.	121	8374	CERTIFICA	TE OF DEAT	STAT	E OF MARY	US374 LAND-DHMH
1. NAME OF DECEASED (Type or Print) MARY A. ARCHER August 2								9:00 A
ELLI	I NAME OF	(IF NOT IN HOSPI		TION, GIVE STREET		(Where deceased lived. I COUNTY	f institution: reside	nce before odmissi
HO:	SPITAL OR TITUTION	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D. I	NSIDE CITY LIMIT	5?
	* 1				Baltimore		YES 🔀	NO 🗌
	00.	116 S. G. Baltimore	ilmor Str e, Maryla	reet and 21223	E. STREET AND NUM 116 S. Gi	Mer Imor Street		
5. SI	emale	6. RACE White	7. MARRIED [	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9-29-1890	9. AGE (In years lost birthdoy) 81	If Under 1 Months Doy	Yr. If Under 24 H ys Hours Min.
done		UPATION (Give kind of wo working life, even if retired)	k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote Maryla		U.S	OF WHAT COUNT
13. F	ATHER'S NA	ME			14. MOTHER'S MAIDE			
		Unknown )	Shiple	еу	Agnes	( Unknown )		
Yes,	, no or unknown	Ever in U. S. Armed For (If yes, give wor or do	orces? les of service)	SECURITY NO.	Mr Tarric U	. Archer, 961.		ond 21122
	No			CAUSE OF DEAT		. Alther, 901.		oad 21133
	This does report failure, injury ar condition of the DISEASES (rise to the UNDERLYIN)	zíu .	25yrs 25yrs 25yrs					
U	TO THE DEAT	FICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA OPERATION 1988. CO	THE TERMINAL	WHICH OPERATION	20A. AUTOPSY? (Yes	s or No) 208. IF YES, WE	RE FINDINGS CO	NSIDERED
ERTIFI	0		RFORMED			IN CERTIFYING	CAUSES OF DEA	TH?
0	OR CONTRIBI	NT WAS UNDERLYING  JTING CAUSE OF  medicol exominer)	21 B. hom etc.)	PLACE OF INJURY (e.g., e, form, foctory, street, c	in or obout 21C. WHERE ffice bldg., INJURY OCC	DID (If in Bolti CUR?	more City, give ex	oct location)
0	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor		INJURY OCCURRED  Ile At	le [m]	ID INJURY OCCUR?		
	22. I certify that (I) (this hospitat) attended the deceased fram that (I) (we) lost saw the deceased alive on 10 Question 19.72 and that In (my) (our) opinion do and haur and fram the causes stated abave. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  Attending M. Attending M. Director M. Staff Director Phys. 228. Director M. Staff Med.							
	PHYSICIA NAME (1	Herman		J Bay lus		ens Avenue, Ba	alto., Md	. 21223
24A	REMOVAL	MATION, 248. DATE Specify)	24C. NA	ME of CEMETERY of CR	EMATORY	24D. LOCATION	(City, town, or co	ounty) (State
B	urial	8-31-	1972 Un	ion Chapel Ce	meterv	Fallston, Ma	rvland	
		BY HEALTH DEPT.		REGISTRAR	25C. FUNERAL DIE			ADDRESS
	AUG31	19/2 / 19/4	July W.	The second	Howard H.	Hubbard, 410	7 Wilkens	Ave. 212:
15	150-REV. 1/1/	68	11:		1 10 1	Ų		

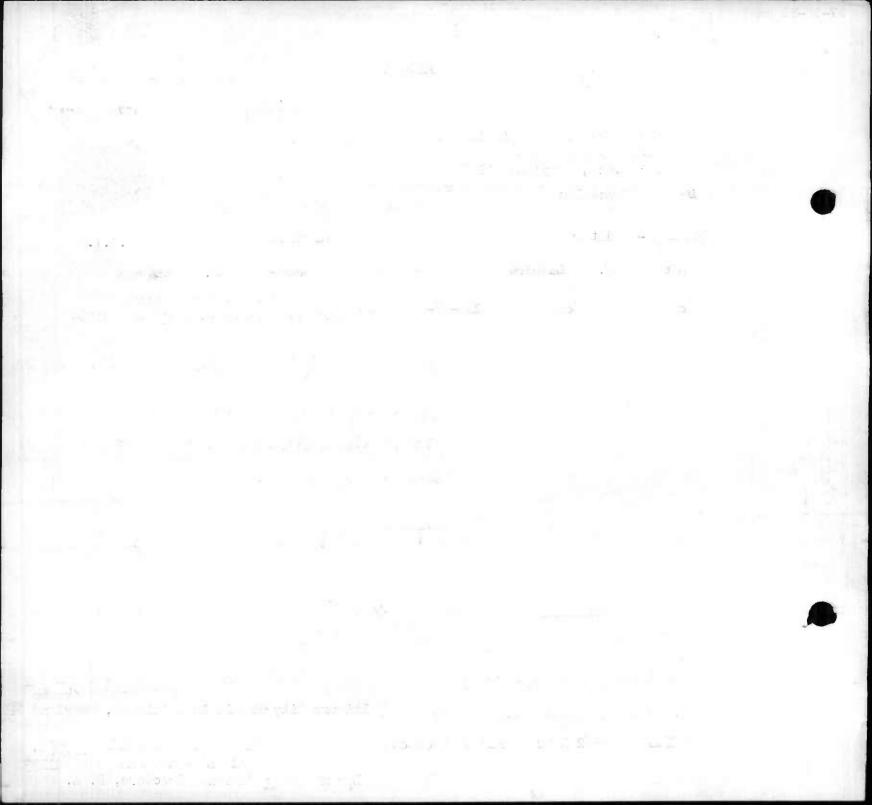


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-	4-50	6	72 0		1					. 7	72	1837	5
1		, 6	MED	ICAL	EXAM	INER'S	CERTIF	CATE OF	DEATH	REG. N	10		
_	TH NO.	EASED					II2. DATE	Y [7]	Month	Day	Yea	r Hour	
(Typ	e or Print)	ENSED	KENNE	TH B	UNKER		OF	Estimoted	August		1972		5 A.M.
4. 1	PLACE IN BAL	TIMORE, N	AARYLAND, W	HERE P	ONOUNCED	DEAD	3. DATE		Month	Doy	Yeo		J A.M.
FUL	L NAME OF	(IF N	OT IN HOSPITA	LOR INS	ITUTION, GIVE	STREET	PRONC	UNCED DEAD	August	26,	1972	8:3	5 A.M.
OR	INSTITUTION							RESIDENCE (Where		ed. If Institu		ce befare adn	
ч	31	Balt	imore C	ity H	ospital		A. STATE	Pennsylva		s. CODINI	Che	ster	
6. 5	SEX	7. RACE		B. MARR	IED#NEVE	MARRIED .	C. CITY O	RIOWN		D. INSIDE	CITY LIMIT	5?	
	Male		hite	WIDOV		DIVORCED		Nottingha	m		YES 🗌	NO #	
9. [	ATE OF BIRT	Н	lost birthda	(v)		If Under 24 Hrs. Hours   Min.		AND NUMBER					
	-18-19		44 4	3				Route #2	Not	tingh	am Pa	193	62
	BIRTHPLACE (S				WHAT CO		13. FATHE					1/3	5
144	Elkton	Mary	land	LAR KINIF	U.S.A	CO INDIETO	Ch	arles Bu	nker			V	
done	e during most of v	vorking life,	even Hretired)			usines		ia Hambl					
14	ruck d	ED EVED II	MILE ADMER	FORCES	7 117, 500	IAL	18. INFOR		7.11		ADDRESS	Pa. 19	362
(Yes	NO of unknown	(If yes, give	wor or doles	of service	194-	22-872	Mrs	Marsha H	. Bun	ker-N			
	19.	2/2	Λ			AUSE OF DEA						APPROXIMATE	INTERVAL
	DISEAS	E OR CON	IDMON DIRE	CTLY									A DEATH
		LEADING	TO DEATH			(A)IMMEDIATE	CAUSECOn:	flagration	-3rd de	gree.	60%		
	heart foilure	, osthento, e	e mode of dy	disease,		DUE TO, OR	AS A CONSE	QUENCE OF:					
	Injury ar cor	nplication w	hich coused de	alh.)									
		NTECEDEN				(B)							
	RISE TO THE	E ABOVE C	TIONS, IF ANY	I, GIVING TING THE		DUE 10, OK	AS A CONS	EQUENCE OF:					
Z	UNDERLYIN	NG COND	ITION LAST.			(c)							
CERTIFICATION	OTHER SICA	HEICANTO	II ONDITIONS C	ANTRIOLE	TNC								
Ö	TO THE DEA	ATH BUT NO	OT RELATED TO IN GIVEN IN P	THE TERM	INAL								
RTI						PERATION W	AS PERFOR	MED			21. AU	JTOPSY? (Ye	s ar No)
	21											Yes	
MEDICAL		NAL CAUS			22B. PLACE O	F INJURY (e.g.	, in or obout	22C. WHERE DID	(il la Bolttmore	City, give	exact locatio	n)	
EDÍ	UNDERLYING UTING CA	USE OF DI	EATH.		High	lway	ce bidg., etc.)	Rt.1 s. of				2-	0.0
Σ	OF INJURY	(Month)	(Doy) (Year	) (Hou		Y OCCURRED		22F. HOW DID IN	JURY OCCU	R?			
	(ADDDDOV)	8-21-	72 9:5	8 P.	m. WHILE AT		WHILE WORK	Driver in	tracto	r-tra	iler -	auto	
	23.	illu shaa I	held on I	1 [	James	tion A	····· [Ÿ]	and that on t	hie beste	dough to	colli	sion	
			Natural cou	_	Accident				Undetermin			1	
	(620)	rea man.	Maiora Coo	7	Accident	1 / A	40 [ 1	CHIEF MEDICAL E			or (		
	ACTUAL		XU	11	(10)	Utt	ASS	ISTANT MEDICAL				DATE SI	GNED
	SIGNAT		Pater	Inko	vic, M.	D	alli	OCIATE MEDICAL E			monet	27, 19	72
	NAME (	Type)		Tipke									
	A. BURIAL CREAMOVAL (Speci		248. DATE	0.50		of CEMETERY			LOCATION		lown, or coul	nty) (S	itote)Pa
	Burial		8-29-1					Bap.Cem.		nghan	1 # 2	Chest	er
25.	A. DATE REC'D	31 10	H DEPT.	25B. N	IAME OF REG	ISTRAR	C 25C.	FUNERAL DIRECTO	OR	20	ADDRESS Oxf	~ ~ ~ ~	3



pm 1	572 08376 CERTIFICAT	HEALTH DEPARTMENT  REG. NO. 72 (18076)			
D	I, NAME OF DECEASED Type or, Print)	2. DATE AND HOUR OF DEATH	MAN AND AND AND AND AND AND AND AND AND A		
Ce on ath.	3. PLACE IN BALTIMORE, MARILAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE/Where deceased lived, If institution: residence before admit A, STATE  8. COUNTY	ssign)		
de de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN ID. INSIDE CITY LIMITS?	7		
3 th	Baltimore City Hospitals	BAITINO 72 F YES NO DE STREET AND NUMBER			
made.	Baltimore, Maryland 21224	2922 SYlVAN AVE	5		
. 11	Male Caucasian WIDOWED DIVORCED	1-24-15  9. AGE (In years If Under 1 Yr. If Under 24 Months; Doys Hours N	4 His.		
	OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, fone during most of working life, even if retired) Disabled — Printer	Maryland  1. BIRTHPLACE (Stote or foreign country)  Maryland  U.S.A.	INTRY?		
13	Leo M. Lambert	Annie E. Lambert			
1 ± (Y	Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT 4940 Eastern Avenue ADDRESS			
H	18. CAUSE OF DEATH	3CH Records Baltimore, Maryland 21224	VAL		
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND			
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		r of a		
	ANTECEDENT CAUSES (B) WRINHT	uy tract injection. Mib JAST 4	Ida		
	rise to the abave cause (A) stating the UNDERLYING CONDITION last. (c) MULTIN	ple sclerosis. Prob + than	20 y i		
MOLL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	USE SORES. LAST 34	CAI.		
/ Utalia	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1 121B. PLACE OF INJURY (e.g., in g.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
LAT	OR CONTRIBUTING CAUSE OF home, form, factory, street, affice	or about 21 C. WHERE DID (II In Boltimore City, give exact location) e bidg., INJURY OCCUR?			
AAED	21D. TIME (Month) (Doy) (Year) (Haur) 21E INJURY OCCURED While At Not While (APPROX.)  While At Not While At Work	21F. HOW DID INJURY OCCUR?			
	22. I certify that (I) (this hospital) attended the deceased fram	OVEMBER 8 1970 to Augusto 29 197	2		
	that (1) (we) last sow the deceased alive an August 29	19and that in (my) (our) opinion death occurred an the	date		
dent of lospital death) must b	and hour and from the couses stated above. (1) (We) (did) (did not) view	w the body after death.			
	23A. SIGNATURE Attendi	ing Med. Shaff IS			
	23C. PHYSICAN'S DEGREE Phys. NAMF (Type) 23D	D. ADDRESS 4940 Eastern Avent	ie.		
	ARTURO I SAIAZAR M.D. Ba	altimore City Hospitals Baltimore, Marylan	nd 2		
2	24A. BURIAL CREMATION, REMOVAL (Specily) 9/2/1972 Parkwood Cemetery 9/2/1972	ATORY 24D. LOCATION 1City, town, or county) 1Story  Baltimore Parkville 2123/M	d.		
2	AUG 31 1972 Soly May See REGISTRAR	25C. FUNERAL DIRECTOR 8728 Liberty Road ADDRESS 21. Libring Byers Funeral Directors, P. A.			
V	/\$ 150-REV. 1/1/68				



24C. NAME of CEMETERY or CREMATORY

NEW CATHEDRAL

25B. NAME OF REGISTRAR

24D. LOCATION

MITCHELL-WIEDEFELD

CEM.

25C. FUNERAL DIRECTOR

(City, town, or county)

HOME

BALTIMORE, MD.

(State)

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)
BURIAL

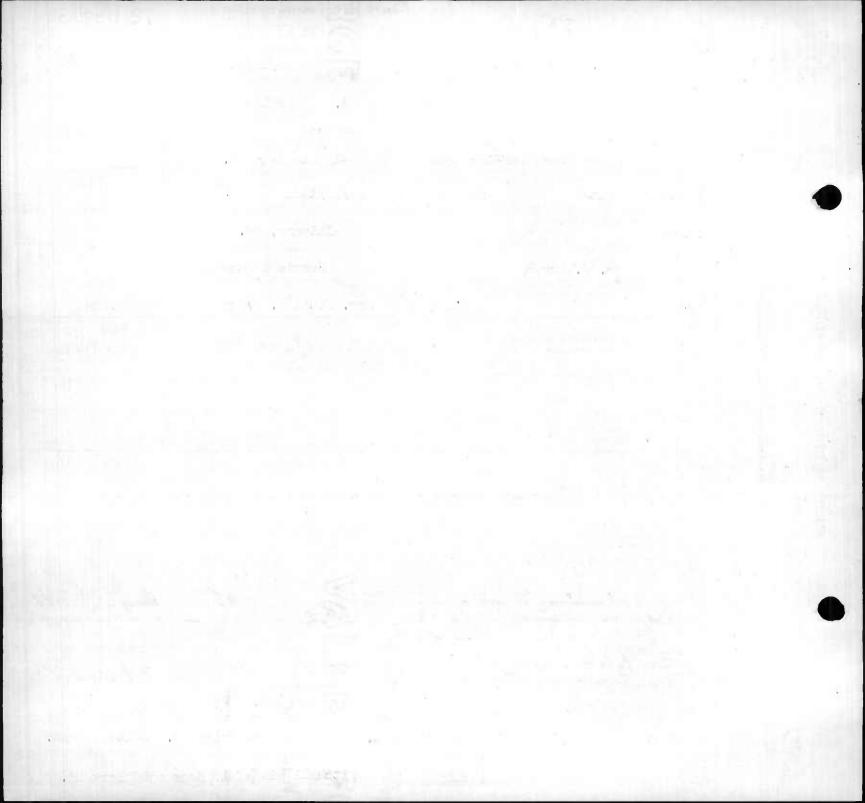
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24B. DATE

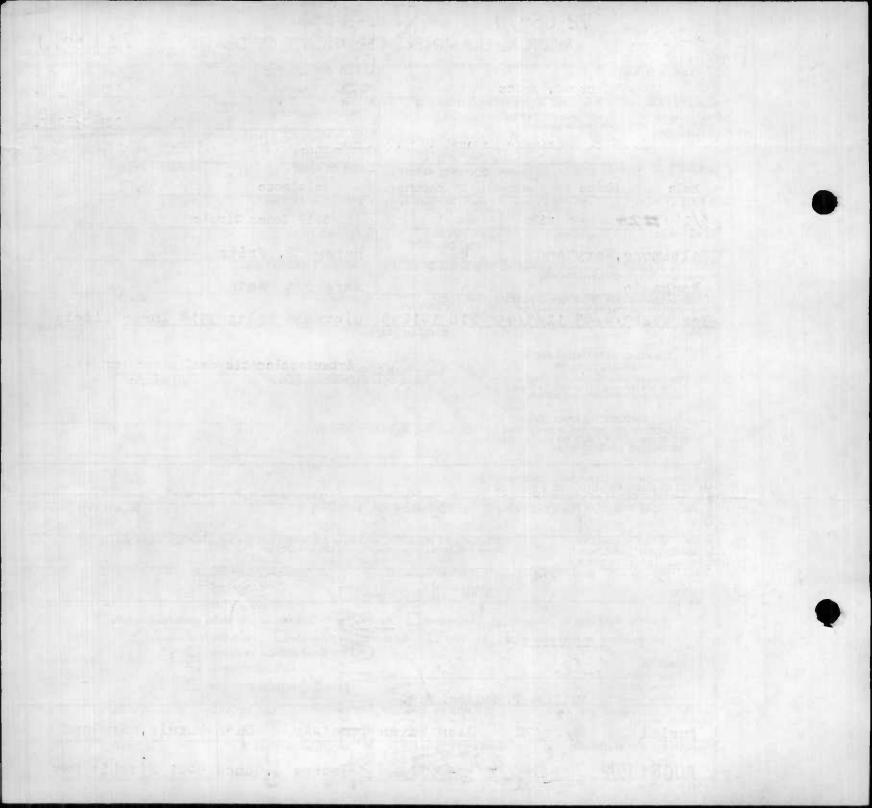
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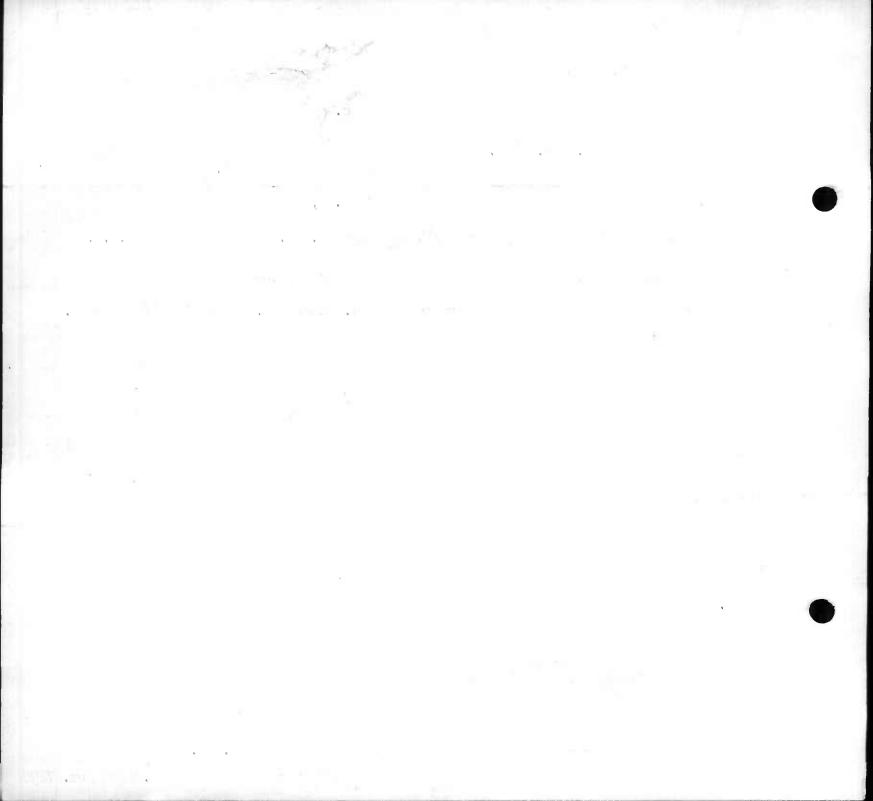
1		1/			BALTIMORE CITY	HEALTH DEPART	MENT		72 08	3078	
56205	RIP	5-540	72	0827	6 CERTIFICA	TE OF DEA	ATH >	REG. NO	OF MARY	AND HOUSE	
of death of death Deceased e on the	1. N (Typ	AME OF DECEA					<i>V.</i>	HOUR OF DEATH	00 2001	-40 M	
nt if death occurred in a hosp direct or contributing cause 1; (4) Undetermined cause; (5) th was in regular attendanc on the deceased prior to dec disposition is made.	3. 1								nce before odmission)		
	FU	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			Md.	Balto		5	300		
	INSTITUTION ADDRESS ON EDGA HOLD			C. CITY OR TOWN  Gaywood  D. INSIDE CITY LIMITS?  YES NO [X]							
	90		Long Green Nursing Home		6415 Blenheim Rd.						
	5. SEX 6. Female		White	7. MARRIED	NEVER MARRIED DIVORCED	10/18/188		AGE (In years	If Under 1 Y	r. If Under 24 Hrs. Hours Min.	
	done		ATION (Give kind of work rking life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	Baltimo			12. CITIZEN	OF WHAT COUNTRY?	
		FATHER'S NAM			14. MOTHER'S MAIDEN NAME						
			Wm. J. Mur	phy		Jenn	ie L'Go	snell			
	15. Yes	Wos Deceased E	ver in U. S. Armed Ford If yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT				ORESS	
		no	1		217222\$52 D	Mrs. Mabel	L. Ree	se		me	
da da		18.	17		CAUSE OF DEAT		001	,		PROXIMATE INTERVAL	
lso, of a of a unc			OR CONDITION DIS EADING TO DEATH	RECTLY	Ola	Retoo 14	elle	tres	/	Ouges.	
ono almat		(This does not mean the made of dying, e.g., heart failure, asthenia, etc., II means the disease,									
ine acti pr pr		injury ar camp	lication which caused	death.)							
mi mi fr ho ho egu		ANTECEDENT CAUSES  Observed the conditions of th									
medical exa edical exa burns; (3) A hysician w n was in r remains are		rise la lhe	conditions, if abave cause (A) CONDITION last.	A CONSEQUENCE OF.							
	NO	OTHER SIGNIFIC	II ANT CONDITIONS CO	NTRIBUTING							
f med y bu	ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ) (A).									
chie Bod the ysic e th	CERTIFIC	O DATE OF C	OPERATION 198 CON		WHICH OPERATION	20 A. AUTOPSY?	)	OB. IF YES, WERE N CERTIFYING CA	USES OF DEAT	H?	
the (2) ere o ph	CAL CE	21 A. ACCIDENT OR CONTRIBUT DEATH (notify n	WAS UNDERLYING DING CAUSE OF	21 ho etc	B. PLACE OF INJURY (e.g., me, form, foctory, street, o	n or obout 21C. WHE ffice bldg., INJURY O	RE DID	(If in Soltimo	re City, give exo	ct locotion)	
d v r	0	21 D. TIME (	Month) (Doy) (Year)		E. INJURY OCCURRED		DID INJURY	OCCUR?	160		
roved ne hos y nate xcept ind (6	2	(APPROX.)			hile A1 Not While ork A1 Work				0		
the iny exc			hot (1) (this hospital		11 /20	the org	19 .	68 to	Using.	1972.	
of of all all be,	that (1) ( and that in (my) ( opinian death occurred on the date										
t be a sed to int of ipital eath)		ond hour ond fram the causes stoted above. (1) (We) (did) (dld not) view the body after deoth.  23A. SIGNATURE/   23B. DATE SIGNED									
de d		Man A N Consense of Contract of Man South									
e m acc acc		23C. PHYSICIAN NAME (Typ	TREACTION	V34	DEGREE	23D. ADDRESS	. /		100	Jug. 72	
was rwas r A. at a prior		WILLIAM	. 11 1/	MERN	TR. M. DIGEGREE	6011	YORK'	KD.	BALTO.	MD.	
certifi body v vs: (1) D.O.A ased I	24A	REMOVAL (Sp	ATION, 248. DATE	24C.N		EMATORY		ATION (C	ity, town, or cou	unty) (Stote)	
This certification of the body shows: (1) was D.O deceased written a	25.4	Burial DATE REC'D B	8/30/72		oudon Park Cem			lerick Rd.		Md.	
This ce the bo shows: was D. deceas	25A	LIC24 40	Y HEALTH DEPT.	MA AL	OF REGISTRAR	25C. FUNERAL		feld Home			
	VS	150-REV. 1/1/68	HE JUNEAU	1	4000	The fort	- made	erd Home	0300 101	A RU.	



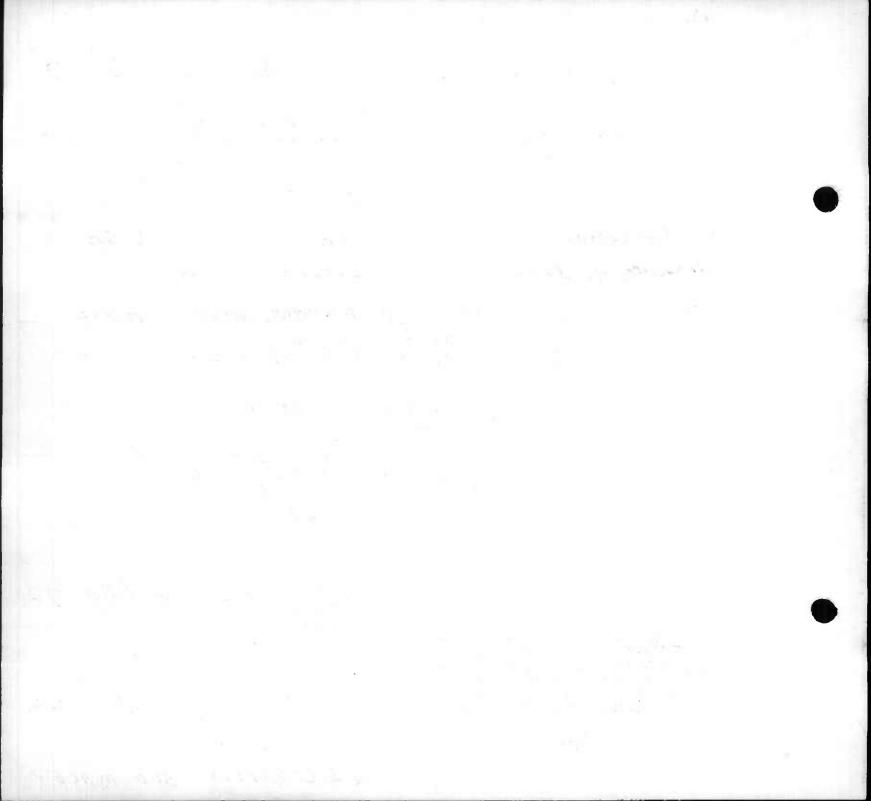
VS 151-REV. 1/1/68



D. Max	חמי	00000	BALTIMORE CITY	HEALTH DEPARTMENT		72 08380
BIRTH NO.	12	08380	CERTIFICA	TE OF DEATH	REG. NO	7,000,000
1. NAME OF DECE		0 11			WILD HOOK OF BENTH	OF MARYLAND-DHIM
3. PLACE IN BALT	errice Mary 1 IMORE, MARYLAND, V	HERE PRONO	UN CED DEAD	4. USUAL RESIDENCE (W	29-72 here deceased lived II	institution: residence before admission
FULL NAME OF				44.1	INTY	mismonon, residence beiote dumission
HOSPITAL OR	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
		41		Baltimore E. STREET AND NUMBER		YES NO
4 > Sout	h Balto. Ger	. Hosp.		II	C .	
5. SEX	6. RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
F	(1)	WIDOWED		Aug. 4,1932	lost birthdoy	H Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
IOA. USUAL OCCU	PATION (Give kind of work			11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
Machine of	orking life, even if retired)	Mc onm	ick (Spices)	Balto. Md.		U.S.A.
3. FATHER'S NAM		1140101	act (Spaces)	14. MOTHER'S MAIDEN N	AME	G • 5 • / 1 •
Edux	and Finger			Marie Kre	4.4	
5. Was Deceded F	ver in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	020	ADDRESS
No	700, 8110 NO. 01 00.0	o or services	215-28-6058	Mr. William &	Beall 140	2 (Larkson St.
18. 17 9	-X		CAUSE OF DEATH		, Base Hes	APPROXIMATE INTERVAL
	OR CONDITION DI	RECTLY		0		BETWEEN ONSET AND DEATH
(This does no	EADING TO DEATH	dvina. ea.	(A) IMMEDIATE CAU	SE Respuratory	insuffice	renor
heori losture, a	sthenia, etc. II means licotion which caused	the diseose.	DUE TO, OR AS	CONSEQUENCE OF:	10	
	NTECEDENT CAUSES		Water D.	+ Pa -		
DISEASES OR	CONDITIONS, il	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	a exen	and the same of th
rise to the	obave cause (A) CONDITION last.	sloting the	10 Canen	uma Light	Bart	240
,	11		(6)			
OTHER SIGNIFIC TO THE DEATH V DISEASE OR CO	ANT CONDITIONS CO	NTRIBUTING				
	NDITION GIVEN IN PAR	T 1 (A).	***************************************	******************************		
19A. DATE OF C	PERATION 198 CON	ORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED
21A. ACCIDENT	WAS UNDERLYING	218.	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID		re City, give exect location)
DEATH (notify it	ING CAUSE OF	home etc.)	e, form, foctory, street, off	ce bidg., INJURY OCCUR?	(ii iii boiiiiiio	Chy, give exect lecenon;
21 D. TIME	Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		While	le At Not While			
22. I certify th	nat (1) (this hospital		e deceased from		19 ta	10
	ast saw the decease					nian death accurred on the date
and have and	fram the causes stat	ed abayه (۱)	(We) (did) (did not) vi	ew the bady after death.	,, (,,	men gently accoured out the date
23A. SIGNATURE	l	1.	() 440		·	23B. DATE SIGNED
1/4	ense 1.	tun	Atten Phys.	ding Med.	Staff Phys.	8/2//72
23C.PAYSTOLAN' NAME (Typ	S A			3D. ADDRESS	. 2. 0	10/3.71
GEOR	GE G. FI	VNEY .	Jk 4Degree	3820 york	Kd. Bali	timo poleris
REMOVAL (Spe	ATION, 248. DATE	24C. NA	ME of CEMETERY of CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (State)
Burial	9-2-72	GL	en Haven (eme	tery 1	Balto. Md.	
25A. DATE REC'D B	T HEALTH DEPT.	25B. NAME OF	FREGISTRAR	250. FUNERAL DIRECTO	R	ADDRESS
AU5811	412 Della	which	and the same	ing usly tune	ral Homes 130	0 E. Fort Ave. 21230



- 11	
	W-300 72 08381 CERTIFICATE OF DEATH REG. NO. 72 08381
1	CERTIFICATE OF DEATH
- 11	STATE OF MARILAND-DAME
	Type or Printl
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DIAD 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
-[[	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DIAD  4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  A. STATE  B. COUNTY
Ш	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MP. BALTO
Щ	C. CITY OR TOWN BOWLE'S QUARTE INSIDE CITY LIMITS?
- II	EDGEWOOD NURSING BALTIMORE YES NOTH
-11	BOME E. STREET AND NUMBER POLICE
	BOX643 RT15
	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Months; Doys; Hours; Min.
	MIDOWED DIVORCED 2-10-95 last birthday) 72 Months Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or loreign country)   12, CITIZEN OF WHAT COUNTRY?
-11	one during most di working lile, even if refired)
	WAREHOUSEMAN VA. USA
-11	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	WILLIAM T. WOOD LOELLA DILLARD
	5. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL 17. INFORMANT
- [1]	1.0
-   -	110
-#	AFFECTION OF THE PROPERTY OF T
	DISEASE OR CONDITION DIRECTLY  MPTASTATIC PARCELLACIONAL DELL'AND
П	(AINMEDIATE CAUSE)
	heart failure, asthenia, etc. It means the disease.
	injury or complication which caused death.
	ANTECEDENT CAUSES ON CAMPER OF THE PROSPATE IVE.
	DISEASES OR CONDITIONS, il any, giving DUE 10, OR AS A CONSEQUENCE OF:
	UNDERLYING CONDITION last.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING NCILD Com Office and Company
	ITO THE DEATH BUT NOT RELATED TO THE TERMINAL ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
	DISEASE OF CONDITION GIVEN IN PART 1 (A).  1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION [2084 AUTOPSYZ (Yes of No.)] 208, IF YES, WERE FINDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
	OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
11	(APPROX.)  While At   No! While   At Work   At
	22. I certify that (I) (this hospital) attended the deceased from 19 to 19
	The state of the s
Ш	and hour and from the causes stated alrove. (1) (We) (did) (did not) view the body after death.
Ш	23A_SIGNATURE SIGNED
Ш	Attending Med. Director Director Shoff Director Shoff Director Dir
	23C. PHYSICIAN'S PARTICIAN'S PECKEE 23D. ADDRESS 23D. ADDRESS
	HATMONY FLANOZZA SZIT YORK KA KAJAN WINZIZIZ
2	IA. BURIAL CREMATION, E4B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, Jown, or county) (State)
	REMOVAL (Specify) (Stote)
1	BURIAL 9/1/72 GARDENS OF FAITH BALTO, MD.
112	ADDRESS  256. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS
1	AUGST 1912 Trong White Store O AT S. COMNELLY 300 MACE
V	5 150-REV, 1/1/68



BALTIMORE CITY HEALTH	DEPARTMENT
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			BALTIMORE CI				08388
E-652	72	08382	CERTIFIC	ATE OF DEAT	H REG	TATE OF M	ARYLAND Dura
1. NAME OF DECEASED (Type or Print)				2. DA	TE AND HOUR OF		1725
	ANNA	ERNST		Λ	ugust 26,	1972	1 /d +
3. PLACE IN BALTIMORE, A	MARYLAND, W	HERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE A. STATE B.	(Where docoosed I COUNTY	ivod. If institution	residence before odmi
FULL NAME OF HOSPITAL OR ADD	THESE OF LOCA	AL OR INSTITUT	ION, GIVE STREET	Maryland			2/17
INSTITUTION	DRESS OR LOCA	(IION)		c. CITY OR TOWN Baltimore		D. INSIDE CITY	
0 0 4524	Keswick	Road		E. STREET AND NUM	BER	YES [	NO L
90				4524 Kesw			
5. SEX 6. RACE		7. MARRIED	NEVER MARRIED		9. AGE (In y	oors If Un Month	der 1 Yr. If Under 2
Female Whi		WIDOWED	_		4 77		
tOA, USUAL OCCUPATION ( done during most of working life,		10B. KIND OF B	USINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country)	12. C	ITIZEN OF WHAT COL
Housewife	,		-	Switzerlan	d		USA
13. FATHER'S NAME				14. MOTHER'S MAIDE	NNAME		
Unknown				Unknown			
15. Was Deceased Ever in U (Yes, no or unknown) (If yas, g	I. S. Armed For	ces?	6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
No	,		21.3 74 3156	Eugene T. E	rnst 4524	Keswick I	Road
18.77 00 0	1		CAUSE OF DE	0	1	1 //	APPROXIMATE INTER
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П.	4-620	) '30	6.6	BALTIMORE CIT				72 11	8284
BII	TH NO.	12	U8389	CERTIFICA	TE OF D	PEATH	REG. NO.		AND=DHME
	PAME OF DEC	EASED	. ,				ND HOUR OF DEATH		orforpus.
		darris, Ethel	Lean. (I	Ethelean) Eth	er Lane)	A	ugust 28,	1972	5:00 Am.
3.	Harris, Ethel Lean (Ethelean) Ethe 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					B. COU	NTY	nstitution; resid	lence before admission)
FL	ILL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPIT	TAL OR INSTITU	TION, GIVE STREET	Mary.				107
IN	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					imore	D. IN	IDE CITY LIMI	
5	mb a Ta	lam - TY 1- i -		1 - 3	E. STREET AN			YES 📉	№ □
	THE JO	hns Hopkin	s Hospi	tal	1416	Asqui	th Street		
	SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BI		9. AGE (In years lost birthdoy)	If Under 1 Months: Do	Ye. If Under 24 Hrs.
	Female	Negro	WIDOWED [		12/25		55	Months	ys nous Min.
10/	USUAL OCCL	JPATION (Give kind of wor working life, even if rettred)	108, KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLAC	E (State or fore	eign country)	12. CITIZEN	OF WHAT COUNTRY
	Housewif	e	Но	usewife	Oxford,	N. Caro	olina	U.S.	Α.
13.	FATHER'S NAM	AE			14 MOTHER'S				
	Curt	is, Will			Mary	y Clemr	mons		
5. Ye	Wes Deceased s, no or unknown)	Ever in U. S. Armed Fo	rces?	16. SOCIAL SECURITY NO.	17. INFORMAN	T		A	DDRESS
	no				Mr. Will:	ie Harr	is 1416 N.	Aisquith	St. 21202
	16. 20	0,01		CAUSE OF DEAT	Н				APPROXIMATE INTERVAL
		E OR CONDITION DI LEADING TO DEATH	RECTLY	Seven	slatelet o	Lapressi	in and central	and "	_ &
			dying, e.c.,	(A) IMMEDIATE CAL	SE A CONSEQUENC	° 05.	fileso	ling	3 days
	heart failure,	at mean the mode at asthenia, etc. It means plication which caused	the disease,	00E 10, 0K A3	A CONSEQUENC	E OF:		0	9
		NTECEDENT CAUSES		Rotio	. 0	.00 .			Smonths
	DISEASES O	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUEN		arcema		01100111-3
	rise to the	above cause (A) CONDITION last	stating the	(c)					
		11		(0/			***************************************		>>++++++++++++++++++++++++++++++++++++
NO	OTHER SIGNIFI	CANT CONDITIONS CO	NTRIBUTING						
CAT	DISEASE OR CO	H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	T 1 (A).						***************************************
CERTIFICATION	DATE OF	OPERATION 198 CON	FORMED	HICH OPERATION	20A. AUTOP	SY7 (Yes or No	IN CERTIFYING	FINDINGS CO	NSIDERED TH?
CEI	21A. ACCIDEN	TING CAUSE OF	218.	PLACE OF INJURY (e.g.,	n or obout 21 C. V	VHERE DID	(If In Boltimo	re City, give ex	roct (ocotion)
¥	DEATH (notify	medical examined	home etc.)	, form, foctory, street, o	ffice bldg., INJUR	Y OCCUR?			,
MEDICAL	21D. TIME	(Month! (Doyl (Year)	(Hous) 21E,	INJURY OCCURRED		IOW DID INJ	URY OCCUR?		
٤	(APPROX.)		Whit	Not While	• 🗆				
	22. 1 certify	that (1) (shirthesetter		e deceased from Au			1972 to Ay	- 28	19 72
		lost saw the decease		A	19 72			7	occurred on the date
	1			(MA (did) (Malban)			at indiny, foot, op.		econed on the gare
	23A. SIGNATU		^		1011 1110 2007	uner deaths		23 B. DATE S	IGNED
	Edw	and James	Burist	I DL.		Aed.	Staff Phys.	8	/28/72
	23C. PHTSICIAL	and a separate and a	0-4-601		23D. ADDRESS	All Octor —	rnys. —		, = 4,
		dward James	s Busic	k M D	The To	hne U	opkins Hos	mi + - 1	
24/	REMOVAL IS	AATION, 248, DATE	24C. NA	ME OF CEMETERT OF CR	MATORY	24D. L	OCATION (C	ily, town, or co	ountyl (Stole)
	Burial	8-31-72	Arbi	utus Memorial	Park, Inc	2. I	Baltimore, M	laryland	
25/		BY HEALTH DET	25B MAMES	THE PARTY OF THE P	25C, FUNER	AL DIRECTOR	1735 Harfo		
		912 Mar	13.77	6000	Marsha	11 W 3	Jones, Jr.		
15	150-REV. 1/1/6	6			1	0 0			

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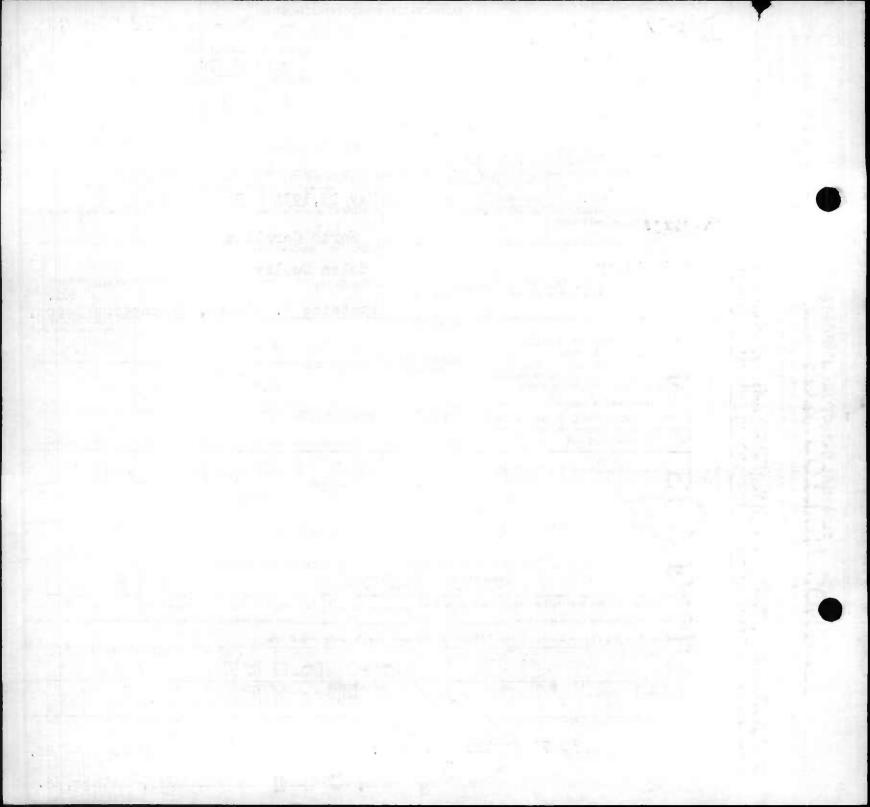
1		72 (	8285	BALTIMORE CITY HE	ALTH DEPA	RTMENT			רצי	00-05
M-420.	BIRTH NO.			KAMINER'S C	CERTIFI	CATE O	F DEAT	H REG. NO		08385
M-242	1. NAME OF DE (Type or Print)	1 07 07 74	R MIHELI		2. DATE OF DEATH	Knawn   Estimated	Manth	Doy	Year	Hour M.
	FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC			3. DATE PRONO	UNCED DEAD	Month 8	Doy 2.7	Yeor 1972	3:55p M
	OR INSTITUTION				5. USUAL R A. STATE	ESIDENCE (Whe		- 0		101
	6. SEX	127 S. Ex	To F	APE. SK	C. CITY OR	Md.		D. INSIDE	CITY LIMITS?	200
	female	white	WIDOWED			Balto			YES K	NO 🗆
	9. DATE OF BIR	lost birthd		der 1 Yr. If Under 24 Hrs. hs   Doys   Haurs   Min.	E. STREET					
	May 6	State or fareign cauntry)	12 C	ITIZEN OF	13. FATHER	127 S. 1	Exeter	St.		
		ore, Maryland		HAT COUNTRY?		r Mihelio				
	14A.USUAL OCC	UPATION (Give kind of wor	14B. KIND OF	USA BUSINESS OR INDUSTRY						
	done during most of	working life, even if retired)	~=		Vict	oria / S	ADOR			
	16. WAS DECEA	SED EVER IN U.S. ARME	D FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	MANT	14954		ADDRESS	
	19. //		,	486 CAUSE OF DEAT	Willia	m Slavich	n Rt 1	Box 463		Pa PROXIMATE INTERVAL
	(This does heart failur injury or ca	SE OR CONDITION DIRI LEADING TO DEATH not mean the made of de, asthenia, etc. It means the mplication which coused do	ying, e.g., e diseose,	Arterioscler (A)IMMEDIATE C DUE TO, OR A	COTIC C AUSE AS A CONSEC	QUENCE OF:	cular d	lisease		
	RISE TO THE	OR CONDITIONS, IF AN IE ABOVE CAUSE (A) ST, NG CONDITION LAST.	Y, GIVING ATING THE	(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
	II TO THE DE	II NIFICANT CONDITIONS ( ATH BUT NOT RELATED TO R CONDITION GIVEN IN	THE TERMINIAL		***************		1 days have fast also days days days days days days days days			
	20A. DATE O	OF OPERATION 208. CC	NDITION FOR	WHICH OPERATION WA	AS PERFORA	MED				PSY? (Yes or No)
	UNDERLYIN □ UTING □ C	RNAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.	home	PLACE OF INJURY (e.g., , form, factory, street, affice	in or abaut 2 e bldg., etc.) 1	22C, WHERE DID NJURY OCCUR?	(If in Baltima	ore City, give e	xact lacation)	
	OF INJURY (APPROX.)	(Month) (Doy) (Yes	w		WHILE ORK	22F. HOW DID I	NJURY OCC	UR?	1	
		tify that I held an		_	tap sy k	and that on				
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	ACTUA		Pm	ullay.		ISTANT MEDICAL				DATE SIGNED
	SIGNA			M.D		OCIATE MEDICAL				8-28-72
	NAME		m P. Mul		CDEMAY	ORV Jaar	LOCATION	1 (0::		(6 )
	24A. BURIAL CRI REMOVAL (Spe	cify)		C. NAME of CEMETERY			. LOCATION	(City, to	wn, ar county)	(State)
	Burial	8-31 BY HEALTH DEPT.	-72   1	Holy Rådeemer OF REGISTRAR	Cemet	ETY FUNERAL DIRECT	Baltimo	re, Mary	ADDRESS	
	DIIC3	1 1072	Lucy das	harton		. FIALKOV		07 EAST		ENUE
	VS 151-REV, 1/1/	38	1		4	3 8 1				. /

William But M. Micros. 1 721 to the second of the second Carried Street - 1 map . 8 1C - 1 asymetra with the The State of the Control of the Cont on saugh and opposite and opposite the contraction of the contraction 

## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1				BALTIMORE CITY	HEALTH DEPARTMENT		20 00
BHRI	)-250 H NO.		8286	CERTIFICA	TE OF DEATH		OF MARYLAND-DHMH
	AME OF DECE	MAURY	Y DI	SNEY	8.	28.72	110.55 A.M.
3. F	LACE IN BALTI	MORE MARYLAND, W	VHERE PRONO	INCED DEAD	4. USUAL RESIDENCE IWher A. STATE B. COUN	e deceased lived It institu	tion: residence before admission)
FUI	L NAME OF	. /7		JTION, GIVE STREET	Box: 23L		city LIMITS?
1143		and le	mesal	Hospital		YE	
L	+8		more		E. STREET AND NUMBER		5400
5. \$	EX (	RACE	1-	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If Mentally)	Under 1 Yr. If Under 24 His.
	M	Cauc	WIDOWED	DIVORCED	May 15,1914	58 20	
		PATION (Give kind of wor wking life, even if refired)	FIOR KIND OF	BUSINESS OR INDUSTRI	11. BIRTHPLACE (State or force	gn country)	2. CITIZEN OF WHAT COUNTRY?
	Retired				North Caro	lina	U.S.A.
13. (	FATHER'S NAM	E			14. MOTHER'S MAIDEN NAM	ME	
	Fred D	isney			Helen Dudle	У	
15.	Was Decoased	ver in U. S. Armed Fe	1001	1 & SOCIAL	17. INFORMANT		ADDRESS
(105	No.	If yes, give wor or dak	es of service)	SECURITY NO.	Fontaino M	Dianess Ches	Md. s <b>a</b> peake Beach.
	18.	77.1		CAUSE OF DEAT		Dieney, ones	APPROXIMATE INTERVAL
	- Lands	OR CONDITION D	DECTI Y			-	BETWEEN ONSET AND DEATH
		EADING TO DEATH		(A)IMMEDIATE CA	use (a of	tonque	4 mos
	(This does no	t mean the mode of	dying, e.g.,	DUE TO OP AS	A CONSEQUENCE OF:		
	injury or comp	ethenia, etc. It means lication which caused	death.)		( met	astatic)	
	A	NTECEDENT CAUSES	5	day.	(	7	
	DISEASES OF	CONDITIONS, If	any, giving	DUE TO, OR A	A CONSEQUENCE OF:		
		above cause (A)	stoling the	(a)			
	UNDERLING	CONDITION IESE		(c)			
CERTIFICATION	TO THE DEATH	EANT CONDITIONS CO	THE TERMINAL	<u> </u>	remia + Pu	lmonary.	in sufficiency
2		NOITION GIVEN IN PAI DPERATION 198 CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSYE (Yes or No	IN CERTIFYING CAUSE	DINGS CONSIDERED
TE	8,22	WAS PER	PORMED D	ys/shagia		IN CERTIFYING CAUSES	S OF DEATH?
CE		WAS UNDERLYING	218		in or about 21C. WHERE DID	(If In Boltimore Ci	ity, give exact location)
EDICAL	OR CONTRIBUT DEATH (notify a	TING CAUSE OF	hon etc.	on form, factory, street, o	Hice bidg, INJURY OCCURY		
Dia		(Month) (Day) (Year)	(Houd 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
¥	(APPROX.)			ile At Not Wh			
		1 . (1) (.) 1	Wo		R117.	272. 8	. 98. 10 72
		hat (i) (this hospita		he deceased from 28.	70	19	
		ast saw the deceas				at in (my) (our) opinion	n death occurred on the date
1			ated above. (	(We) (did) (did not)	view the bady after death.		
	23A. SIGNATUR	Husan	Jaceoth	/// Dh	ending Med.	Stoff Phys.	8,28,72
	23C. PHYSICIAN NAME (Ty	AHSA	N S	. KHAN	230. ADDRESS 1245 Grey 6	tone Rd Ou	dutus Mg 21227
24/	REMOVAL (S	AATION, 248, DATE	24C.N	AME of CEMETERY of CI	EMATORY 240. L	OCATION (City,	lown, or county! (State)
	Burial	8/30/	82 Sou	the rn Mem	O: Gardens Di		lvert Md.
236	Alicoa	Amm. // .	TOW MAME	NEOISIRAR	230. I UNERAL DIRECTOR	•	UMPHER
-	HOGOT	1972 754	Avely May	Markon 1	A BUCHANAS	FUNERAL HOM	F. Owings Md



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-222 BALTIMORE CITY HEALTH DEPARTMENT 72 08387	
STATE OF MARYLAND-DHAME	h
(Type or Print) Silver Francis STOKES 2. DATE AND HOUR OF DEATH 8/26/1972 6-28/	100
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admissing a country of the country of th	onl
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!  INSTITUTION    HARFORD   C. CITY OR TOWN   D. INSIDE CITY LIMITS?	0
mary lang General Hospital Darlington YES NOW	
48 P.D. #1	
7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months: Doys Hours Min	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUN	RY?
BARMER CANNER. VARM-RETIRED W. Va. 4. S. a.	
WILLIAM SILVER EDITH WISTER STUKES  15. Was Deceased Ever In U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS # O. L.	
Tres, no or unknown) (It yes, give wor or dates of service) SECURITY NO.  VES WORLD VAR I 184-10-5624 WM. SARA E. SILVER DARLINGTON MD	
CAUSE OF DEATH  APPROXIMATE INTERVA BETWEEN ONSET AND DE	L
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	\In
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease.	
Injury or complication which caused death.)	
ANTECEDENT CAUSES (B) parties à métastases	×
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
	-
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED  20A AUTOPST? (Yes of No.) 19B CONSIDERED IN CERTIFYING CAUSES OF DEATH?	-
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?	_
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg. INJURY OCCUR?	
21 D. TIME (Month! (Doy) (Year! (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?	_
Work At Work	
22. I certify that (1) (this hospital) attended the deceased fram 1972 to 8/26/1972	
that (1) (we) last saw the deceased alive an	ate
and haur and from the causes stated abave. (1) (We) (did) (did-not) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED	_
Alfanding Med. Stoff P 226/22	
23C. PHISICIAN'S NAME (Type) Black V Desai and Manylow General Hespital.	-
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. town, or county) (Stote)	_
BURIAL aug. 29/972 DARLINGTON CEMETERY DARLINGTON, HARFORD, ME	
25A. DATE REC'D SY HEALTH DETT. 25B NAME OF YEGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	12
VS 150-REV, 1/1/68	16

A CHARLE AND SHALL AND A

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1. NAME OF DECEASED

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2. DATE AND HOUR OF DEATH

3. PLACE IN BAL			AN CLIVADE H			19/2	
	TIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. I	f institution: res	sidence befare admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	JTION, GIVE STREET	MARYLAND		2	000
HOSPITAL OR	ST. AGNES HOSPITAL			C. CITY OR TOWN	D. II	NSIDE CITY LIA	NITS?
140				BALTIMORE		YES	NO 🛚
70				E. STREET AND NUMBER	ODD CIDE	T 7	21222
	BALITMU	KE, MA	KYLANDZIZZ9	3024 STAFF	URD SIRE	C I	21223
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under Manths	1 Yr. If Under 24 Hrs Days Haurs Min.
FEMALE	WHITE	WIDOWED		04-03-94	78		
	UPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign cauntry)	12. CITIZI	EN OF WHAT COUNTR
HOUSEWI		HOME	MAKING	MARYLAND		U.	S.A.
13. FATHER'S NA		110.12	<i>p</i> 1(11)Q	14. MOTHER'S MAIDEN NA	ME		
CHADLE	CCUMIDT		DECID	MINNIE /ECVI	MODT) CC	LIMIDT	DECI
	SCHMIDT Ever in U. S. Armed For	2	DEC 'D	MINNIE (ECKH	THRUIJ SC		
Yes, no or unknown	(If yes, give wor or date	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
NO			213340579	ST. AGNES HOS	PITAL, WI	LKENS	& CATON AV
DISEASES C	aplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last,	ony, giving	(B)	A CONSEQUENCE OF:			
			(4/				
TO THE DEAT	IL CANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL		in of radial	artery	plete	
TO THE DEAT		HE TERMINAL T 1 (A). DITION FOR Y	Cangrer occlus	in of redied  20A. AUTOPSY? (Yes or N		RE FINDINGS	CONSIDERED EATH?
TO THE DEAT DISEASE OR C 1994. DATE OF CONTRIBU	H BUT NOT RELATED TO TO ONDITION GIVEN IN PARTION 198. CON	HE TERMINAL T 1 (A). DITION FOR V	Cangre D.C. Cull ( WHICH OPERATION  PLACE OF INJURY (e.g., it e., form, factory, street, of		O) 20B. IF YES, WEI	RE FINDINGS	EATH?
TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDEN OR CONTRIBU	H BUT NOT RELATED TO TI ONDITION GIVEN IN PAR OPERATION 198. CON WAS PERI NT WAS UNDERLYING ITING CAUSE OF	HE FERMINAL T 1 (A). DITION FOR N FORMED  21B. hom etc. (Haur) 21E.	PLACE OF INJURY (e.g., in the form, factory, street, of injury occurred to the form).	20A. AUTOPSY? (Yes ar N NO n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	o) 20B, IF YES, WEF IN CERTIFYING (	RE FINDINGS CAUSES OF D	EATH?
TO THE DEAT DISEASE OR C TO THE DEAT OF THE DEAT OF THE DEAT OF THE DEATH (notify)  21 A. ACCIDEN OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify	H BUT NOT RELATED TO TO NOTIFICATION GIVEN IN PAR 198. CON WAS PERI IT WAS UNDERLYING THING CAUSE OF medical examiner)	HE FERMINAL T 1 (A). DITION FOR N FORMED  21B. hom etc. (Haur) 21E. Whi wa ) attended to	PLACE OF INJURY (e.g., in e. form, factory, street, of INJURY OCCURRED in the control of the con	20A. AUTOPSY? (Yes ar N NO n or about 21C, WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID IN.	20B. IF YES, WEI IN CERTIFYING ( (If In Boltin  JURY OCCUR?	RE FINDINGS CAUSES OF D	exact location)
TO THE DEAT DISEASE OR CONTRIBUTION OR CONTRIBUTION OF INJURY (APPROX.)  21.1 certify that (I) (we)	H BUT NOT RELATED TO TO TO NOTITION GIVEN IN PAR OPERATION 198. CON WAS PERINT WAS UNDERLYING CAUSE OF medical examiner)  (Manth) (Day) (Year)  that (1) (this haspital last saw the decease	HE FERMINAL T 1 (A). DITION FOR N FORMED  21B. hom etc. (Haur) 21E. Whi Wa ) attended to	PLACE OF INJURY (e.g., in the factory, street, of the property	20A. AUTOPSY? (Yes ar N NO n or about 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID IN.	20B. IF YES, WEI IN CERTIFYING ( (If In Boltin  JURY OCCUR?	RE FINDINGS CAUSES OF D	EATH?
TO THE DEAT DISEASE OR C 19A-DATE OF OR CONTRIBU DEATH (notify 21D.TIME OF INJURY (APPROX.)  22. I certify that (I) (we)	H BUT NOT RELATED TO TO TO NOTITION GIVEN IN PAR OPERATION 198. CON WAS PERINT WAS UNDERLYING LITING CAUSE OF medical examiner)  (Manth) (Day) (Year)  that (1) (this haspital last saw the decease of from the causes stated	HE FERMINAL T 1 (A). DITION FOR N FORMED  21B. hom etc. (Haur) 21E. Whi Wa ) attended to	PLACE OF INJURY (e.g., in the factory, street, of the property	20A. AUTOPSY? (Yes ar N NO n or about 21C, WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID IN.	20B. IF YES, WEI IN CERTIFYING ( (If In Boltin  JURY OCCUR?	RE FINDINGS CAUSES OF D	exact location)  9 19 72  accurred an the date

23C. PHYSICIAN'S NAME (Type) DR.S.SAN PEDRO 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY

OCATION BALTO MO, or

Baltimore, Maryland
25C. FUNERAL DIRECTOR ADDRESS eonard J Ruck Inc. Baltimore, Md

Parkwood

VS 150-REV. 1/1/68

Burial 9/2

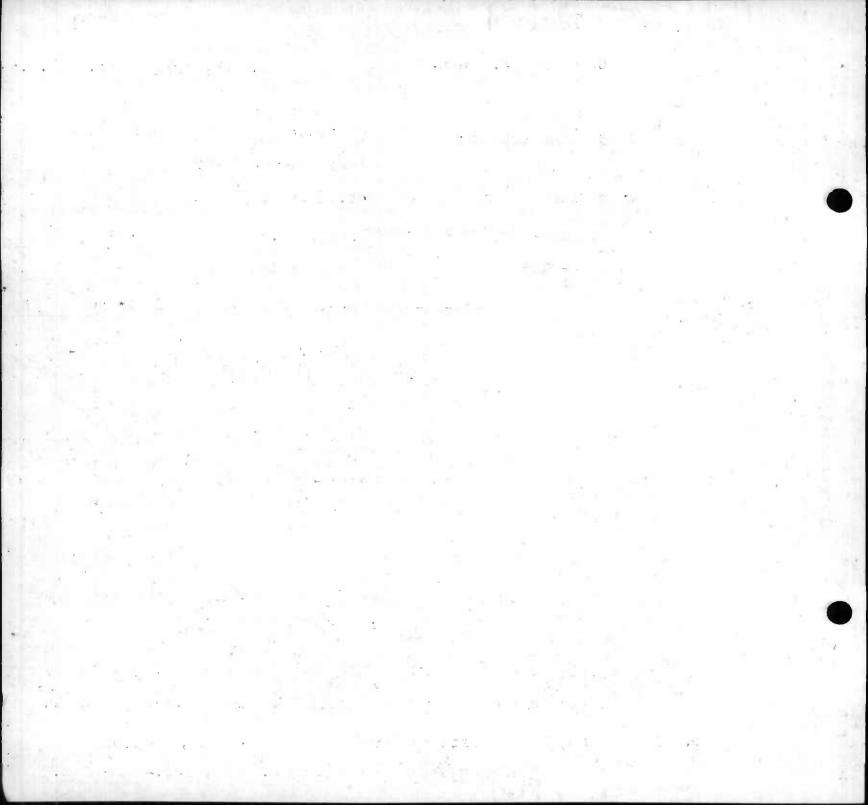
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	V 30 08000 BALTIMORE CITY	HEALTH DEPARTMENT	20 00 0
	72.08389 BALTIMORE CITY CERTIFICA	TE OF DEATH REG. NO.	12 (8089 - 110 DINU
	BIRTH NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	F MARYLAND-DHMH
	(Type of Print) YOUNGER, WILLIAM G	8/28/72	12:10P M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If in A, STATE B, COUNTY	
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND	2605
	VETERANS ADMINISTRATION HOSPITAL	BALTIMORE D. INS	DE CITY LIMITS?
-	3900 LOCH RAVEN BLVD	E. STREET AND NUMBER	YES
0	BALTIMORE, MARYLAND 21218	6900 CONLEY STREET	
mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WHITE WIDOWED DIVORCED	B. DATE OF BIRTH  2-8-20  9. AGE (In yeors lost birthdoy)  52	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
15	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
sposition	dose during most of working life, even if retired Lithographer	BALTIMORE, MARYLAND	U.S.A.
00	13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
_	JOHN YOUNGER	EDNA M EMCE	
al d	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
=		CLINICAL RECORDS-VAH BALTI	MORE MD
0	18. E 9/2X CAUSE OF DEATH	- 0	BETWEEN ONSET AND DEATH
Pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	RALKANDE MANNE PARIL	Manin
E	(A) NAMEDIAYE CAE (This does not meen the mode of dying, e.g.,  OUE TO, OR AS	A CONSEQUENCE OF:	1011191
pa	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	the state of the s	TA 200
E	ANTECEDENT CAUSES HO HE O	INATION	130049
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	
are:	rise to the above couse (A) stating the UNDERLYING CONDITION lost.	TINAL OPSTRUCTION	
ins	UNDERLING CONDITION IOSI.		00 1/1/1/1/1
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CHANGE FOR	in Gindrano - The STE	on 9 700th paste
re	TO THE DEATH BUT NOT RELATED TO THE TERMINAL CONTROL CANDILLONGIVEN IN PART 1 (A).	mapricacine jube proc	WETHER OBSTRUCTU
the	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CA	FINDINGS CONSIDERED
	TRICOSOM TO RESURT	TO AX YES YES	re City, give exact location)
before	OR CONTRIBUTING CAUSE OF home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	City, give exact location)
	On known	21F. HOW DID INJURY OCCUR?	000
ained	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) Unknown Work Not While At Work		L tibe
B			370 70 0
opt	22. I certify that (4) (this haspital) attended the deceased from	8-9-1972 10	8-28-1972
pe	that (# (we) last saw the deceased alive on 8-28.		nion death occurred on the date
st	and hour and from the courses stated above. (We) (did) 1600 at C.	view the body ofter death.	
must	23A. SIGNATURE	ending Med. Staff	23B. DATE SIGNED
	TOM WINDEN IN DEGREE Phy	s. Director Phys. 3	8/30/72
0	23C. PHYSICIANS NAME (Type)	23D. ADDRESS	
approval	DEGREE	VA HOSPITAL BALTIMORE, M	D.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CR	EMATORY 24D, LOCATION (C	ity, town, or county) (State)
en	Burial 8/31/72 Oaklawn	Baltimore,	Marvland
written	25A. DATE REC'D BY HEALTH DEPY: 25B. NAME OF REGISTRAR		
3	AUG31 1912 Transportation	L.J. RUGK FUNERAL HOME	BALTO MD.
	VS 150-REV. 1/1/68 // 93/03		

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11)-64	6 72 08	3230	BALTIMORE CITY			REG. NO.	72	08230
BIRTH NO.			CERTIFICA	TE OF D		STA	TE OF	MARYLAND DIE
I. NAME OF DE	<b>C</b> Larence	В.	WORLEY			t 29, 19	72	11.30 P.M.
3. PLACE IN BA	LTIMORE, MARYLAND, WHER	E PRONO	JNCED DEAD	4. USUAL RESI	DENCE (Where	deceased lived. II in	nstitution	residence before odmission
FULL NAME OF	(IF NOT IN HOSPITAL O	OR INSTITU	JTION, GIVE STREET	Maryla		l	1	2758
NSTITUTION				C. CITY OR TOV		D. INS	IDE CITY	
100	1623 Wadsw	orth	Way	E. STREET AND			165 2	,
00					Vadswor			
male	caucasian w	IDOWED		Nov. 23	,1887	AGE (In years st birthdoy)	If Und Months	er I Yr. If Under 24 Hrs. Doys Hours Min.
	CUPATION (Give kind of work 108 I working life, even if retired)					country)	12. CIT	ZEN OF WHAT COUNTRY
	retired	Res	taurant own	erBalto,	Md.		1	USA
3. FATHER'S NA				14. MOTHER'S	MAIDEN NAME			
	David Worle	-		Mary		lins		
5. Wos Deceose Yes, no or unknow	d Ever in U. S. Armed Forces? n) (If yes, give wor or dotes of	service)	SECURITY NO.	17. INFORMANT			/ a a ==	ADDRESS
MO			214-30-346		Myrtle	Bell, l	523 T	Wadsworth Wa
18.	37,91		CAUSE OF DEAT	Н				BETWEEN ONSET AND DEAT
DISEA	ASE OR CONDITION DIRECT	TLY		P au	Longe	- H	4	200
(This daes	nat mean the made of dyi	ng, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE	of Jung	rosans	>	- Juga
	, asthenia, etc. It means the mplication which caused dec		maller	males	der der	e borrow	Coto	soral
	ANTECEDENT CAUSES		de					when
DISEASES	OR CONDITIONS, if any	aivina	DUE TO OR AS	A CONSEQUENCE	CE OF:			4
rise to t	he abave cause (A) sta IG CONDITION last.		Ring	sto H	nlinda	10/10	,	3.0
ONDERLIN	IG CONDITION last,		(C)	, ,	pro v	May		
OTHER SIGN	FICANT CONDITIONS CONTR		Elun	in write	5	10		500
	ATH BUT NOT RELATED TO THE TO CONDITION GIVEN IN PART 1		······································	Moment	ing en	flysam		247
19A. DATE O	F OPERATION 198. CONDITI	ON FOR V	WHICH OPERATION	20A. AUTOPS	(Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDING USES OF	S CONSIDERED DEATH?
W 21A ACCID	ENT WAS HINDER VING	218	BLACE OF INTURY	///	MEDE DID	0f : B-10	C:: .	
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF	hom etc.	PLACE OF INJURY (e.g., i e, form, foctory, street, o	fice bldg., INJUR	Y OCCUR?	(It in Baltimo	re City, gi	ive exoct locotion)
U				075 11	0111 B18 B1111			
S OF INJURY	(Month) (Doy) (Year) (H		INJURY OCCURRED  le At Not While	ł	OW DID WO	RY OCCUR?		
(APPROX.)		Wo	k At Work			10 0		
22. I certif	y that (I) (this hospital) at	ttended t	ne deceased from	2517	19	of to Clay	Mat	1972
that (1) (we	e) last saw the deceased a	live an.	suguest 3	4 19 7	2 and that	in (my) (aur) ap	Inlan de	ath accurred an the da
	nd from the causes stated	_	//					
23A. 51GNAT	ye 1 22						23B. DA	TE SIGNED
1	w Sellend	4	DE GREE Phy		Ned. St Pirector Pi	roff nys.	8	Bx1771
23C. PHYSICI	AN'S			23D. ADDRESS				of 10
, , , , , , , , , , , , , , , , , , ,	Dr. Leo Sc	hlen	ger	6001	L Loch	Raven Bl	vd, 1	Balto, Md.
MAA BURIAL CR	EMATION, 248. DATE		AME of CEMETERY OF CR		24D. LOC			or county) (Stote)
Burial	- 1 . 1	T	orraine Pa	rk	Ral	timore,	Mary	land
25A. PATE REC'		NAME	F REGISTRAR		AL DIRECTOR	. OLMOI C,	ricit y	ADDRESS
AUG3]	1912 Droyer	Mary	- works	Leona	and Ja.	Ruck, In	cBa	alto, Md.
/S 150-REV. 1/1	/68	1 - 1		14 0	9	/		



_		BALTIMORE CITY	HEALTH DEPARTMENT		72 08291
		31 CERTIFICA		REG. NO	OF MARYLAND-DHMB
	AME OF DECEASED TOHN A TOTH			HOUR OF DEATH	72   07.30 m.
3. 1	LACE IN BALTIMORE, MARYLANO, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If in	stitution: residence before odmission)
HO	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND,	U.J.A.	DE CITY LIMITS?
	HE UNION MEMORIAL	HOSPITAL	BALTIMORE E. STREET AND NUMBER		YES NO L
1	+ 4			MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Sylvan Ave
5. S	M. WIDOV		July 7,1909	ast birthday 3	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
done	USUAL OCCUPATION (Give kind of workings, KINI)  during most of working life, even if retired)  Wall  Wall  Maintenance	ace Campbell e	D. BIRTHPLACE (State or foreign CO) Ohio	gn country)	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
	John A Toth Sr		Mary	?	?
15. Yes	Nos Deceased Ever in U. S. Armed Forces? ,na ar unknawn) (If yes, give war ar dates af servi	16. SOCIAL SECURITY NO. 122-09-4826	17. INFORMANT Mrs	Betty A C	ullisonress XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dying, heort failure, osthenia, etc. It means the dise injury or camplication which caused death.)	e.g., DUE TO, OR AS A	SE ACUTE M. A CONSEQUENCE OF:	I	
	ANTECEDENT CAUSES	44			
	DISEASES OR CONDITIONS, if any, girise to the above couse (A) stoling	the	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(C)			
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				
RTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
CE	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	or about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Baltimar	e City, give exact lacation)
ME	21 D. TIME (Month) (Doy) (Yeot) (Hauth OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At			
	22. I certify that (1) (this haspital) attend	ed the deceased from AL	gust 30, 1972 6.16	12 to 08.30	o. (7.40 am) 19 72,
	that (I) (we) last saw the deceased alive	on 00 30,72	19 16 and the	at in(my) (aur) apl	nian death accurred an the date
	and haur and from the causes stated abov	e (1) (We) (did) (did nat) v	iew the bady after death.		IOON DATE CICLIST
	23A. SIGNATURE	Ille . Atte		Staff	08.30-72
	23C. PHYSICIAN'S	DEGREE PHYS		Phys.	
	NAME (Type) CARLOS H. SANTI	LLAN	THE UNION	MEMBRIAG	LYOSP; BALTO, Ma
24A	BURIAL CREMATION, 248. DATE 241 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE			ty, tawn, or caunty) (State)
	Burial 9/1/72	Gardens Of Fa	aith Ba	ltimore,	Marvland
		WE OF REGISTRAR	25C. FUNERAL OIRECTOR		Baltimore, Md
VS	150-REV. 1/1/68	1 60 17 1	-4-V-V-/		-

Corners of relate California, describing

The matter and expense of the state of the state of

assistant if death occurred in a hospital and if the direct or contributing cause of death	ny kina; (4) Unaeterminea cause; (3) Deceased of death was in regular attendance on the lance on the deceased prior to death. Such	or final disposition is made.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) body burns; (3) A tracture of any kind; (4) Undefermined cause; (3) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

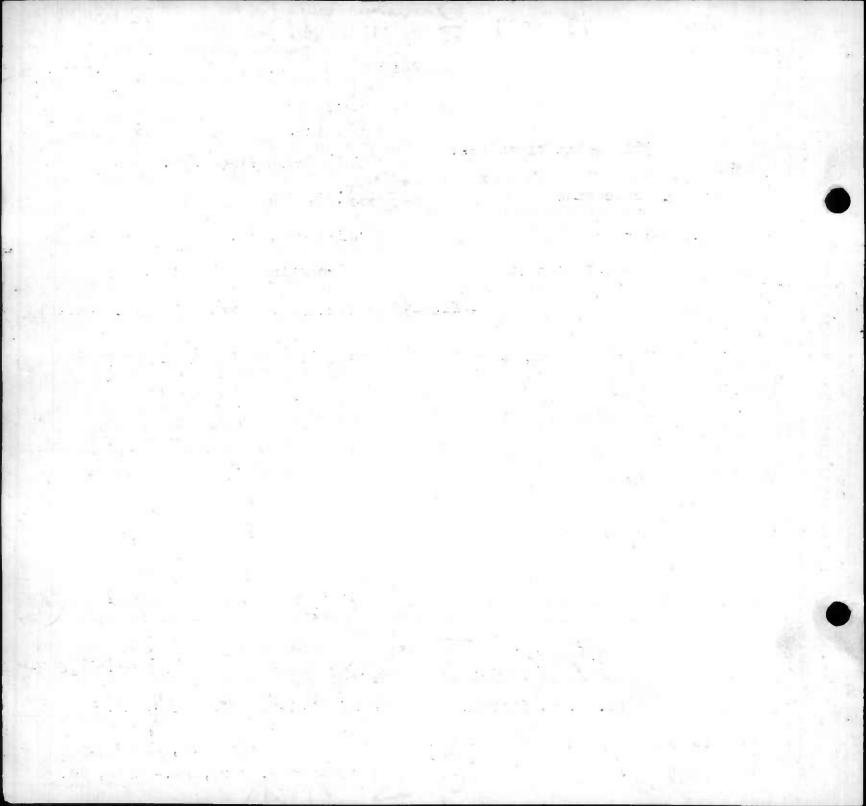
1	7	72	(83)	9 BALTIMORE	CITY HEALTI	H DEPARTMENT		ウク	(8232	
20	)-523				CATEC	F DEATH	REG. N			
	AME OF DECE	ASED H.				2. DATE AL	ND HOUR OF	PEATH OF	MARYLAND Drifts	-
(Тур	e or Print)	William		ter		/Aı	ug. 29.19	972	17:15 P,	V.
3. 1	PLACE IN BALT	MORE MARYLAND			A. STA	AL RESIDENCE (Whe	ere deceased live	d. If institution:	residence before admission	)
FU	LL NAME OF	(IF NOT IN HOS	PITAL OR IN	STITUTION, GIVE STREET		laryland			2106	
IN S	TITUTION	ADDRESS OR LO	JCA IIOI4/		11	OR TOWN		. INSIDE CITY		
7	10				C STDE	altimore,		YES X	NO L	_
	House I	n The Pine	s- Bele	vedre		.02 Elsro	de Ave		,	
S. S	EX	6. RACE	7. MARR	ED NEVER MARRIED	B. DATE	OF BIRTH	9. AGE (In year	rs If Uno	der 1 Yr. If Under 24 Hrs si Doys Hours Min.	-
	Male	White	WIDOV			.25,1908	1	64	Doys Hours Mills	
		PATION (Give kind of vorking lile, even if retire		OF BUSINESS OR INDU	STRY 11. BIRT	HPLACE (State or fore	ign country)	12. CI	TIZEN OF WHAT COUNTRY	¥?
S	ecretar	У	, ,		Ma	ryland			U.S.A.	
13.	FATHER'S NAM	1E			14. MO	THER'S MAIDEN NA	ME			
	Will	iam H Bau	umeist	er Sr	Ca	therine S	Schwarz	copf		
IS.	Was Deceased	Ever in U. S. Armed (If yes, give wor or	Forces?	16. SOCIAL		RMANT			ADDRESS	_
	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		217-03-35	99 Mrs	Rebecca	Weiss	Sam	ie	
	18. 3 2	4- XI		CAUSE OF D	EATH				APPROXIMATE INTERVAL	н
		OR CONDITION		Co	10 Cril	Chronel	nia		12 1	
		LEADING TO DEAT		(A) IMMEDIATE					12 day.	
	hearl failure,	asthenia, etc. It me	ans the dise		R AS A CONSE	QUENCE OF:			_	
	ANTECEDENT CAUSES  ANTECEDENT CAUSES			Irala	lrophy			Or park.		
	(B)			P AS A CONE	FOURNIES OF			goys		
	rise to the above cause (A) stating the			( a d a CONS	EGGENCE OF			Oupport 40	)	
	UNDERLYING	CONDITION last.		(c)	John	CCC			yys	
z		11								П
10	TO THE DEATH	CANT CONDITIONS	O THE TERMIN							
ICA	19A. DATE OF		ONDITION F	OR WHICH OPERATION	20 A.	AUTOPSY? (Yes or N	o) 20B. IF YES,	WERE FINDING	S CONSIDERED	_
CERTIFICATION	0	WAS	PERFORMED				IN CERTIFYIN	IG CAUSES OF	DEATH?	
	21 A. ACCIDEN	T WAS UNDERLYING CAUSE OF	G 🗌	21 B. PLACE OF INJURY (a	e.g., in or obou	121C, WHERE DID	(If in 8	Soltimore City, g	ive exoct lacotion)	
CAL		medical examiner)		etc.)						
MEDIC	21 D. TIME OF INJURY	(Month) (Doy) (Ye	eor) (Hour)	21 E. INJURY OCCURRED		21F. HOW DID IN.	JURY OCCUR?			-
2	(APPROX.)			While At Work At V	While					
	22. I certify	that (1) (this hosp	ital) attende	ed the deceosed from_	ma	1 /5	1972 ta	aug	29 107	_
		last saw the dece		1 2 0	9 8	-			ath accurred on the day	***
					مطف سماند (هم			., opman de	an deconed on the da	
	23A. SIGNATUI	our and fram the causes stated above. (1) (We) (did) (did not) vi				bady after death.		23 B. D	ATE SIGNED	_
	(10	attended to the Attended to th			Attending Z	Med.	Staff Phys.	8/	30/-2	
		C. PHYSICIAN'S				PRESS	711/3.	0 0 7	00/12	_
	NAME (Ty	pe/			3	501 57	T Pou	(7)	21218	
24A	BURIAL CREA		240	. NAME of CEMETERY OF	CREMATOR	24D. I	OCATION	(City, town,	or county) (Stote)	-
	Burial		/72	Holy Redee	mer	Ba	altimor	e, Marv	rland	
25 A	. DATE REC'D	BY HEALTH DEPT		AE OF REGISTRAR	2SC.	FUNERAL DIRECTO	R		ADDRESS	_
III	G31 197	2 Broke	4/12/	Z.KANO D	Le	onard Jal	Ruck In	c. Balt	cimore, Md.	
vs	150-REV. 1/1/6	B /	1		- 1					=

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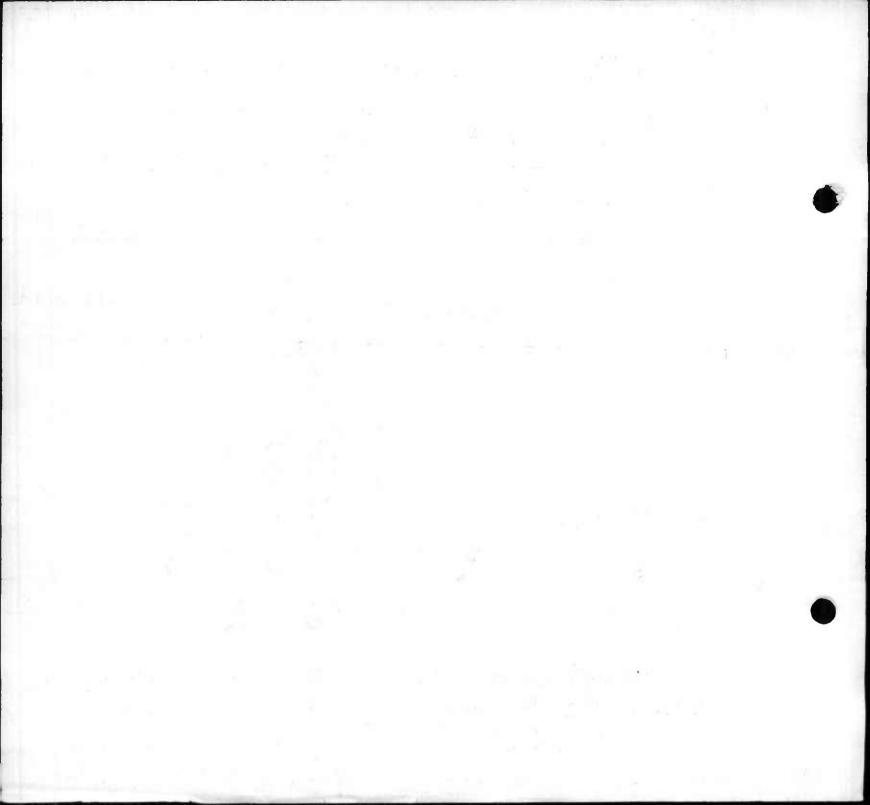
was D.O.A. at a hospital (except where the physician wha pranaunced death was in regular attendance an the deceased priar ta death); and (6) Na physician was in regular attendance on the deceased priar ta death. Such written appraval must be abtained before the remains are embalmed or final dispositian is made. This certificate must be appraved by the chief medical examiner ar his assistant if death accurred in a hospital and the body was released to the haspital by a medical examiner. Also, if the direct or cantributing cause af death shows: (1) An accident af any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 5. f 1.5 (Y

-			BALTIMORE CITY	HEALTH DEPARTMENT		72 (8333
IKIH NO.		8333	CERTIFICA	TE OF DEATH	REG. NO	
NAME OF DEC			Dancarm		ND HOUR OF DEATH	
DI ACE IN BAI	REGINA		ESPOSIT	O Aug. 3	30,1972	12.50 A. M.
, PEACE IN BAL	IIMOKE MARILAND, W	HERE PRONOUR	ICED DEAD	A, STATE B. COUR	NTY	2 3 5 L
ULL NAME OF IOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITUT	ION, GIVE STREET	Maryland		d 13T
NSTITUTION	ADDRESS OR LOCA	4 110147		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
nn 1	5612 Belle	77: -+- 1		Baltimore		YES 🔣 NO 🗌
	JOIY PETTE	Vista A	ve.	5612 Belle	Wista Ava	
SEX	lé, RACE	17	1	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
emale	caucasian	WIDOWED	NEVER MARRIED DIVORCED	Nov. 30, 1894	lost birthdoy)	Months Doys Hours Min.
				11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of	working life, even if retired}		STATE OF THE STATE			
housewi				Baltimore,		US A
FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
	Robert Sch	midt		Ernestine	?	?
. Was Deceased	Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT	5.77	ADDRESS
	yes, give wor or dore		SECURITY NO.	Was Tele Me	Panaait	2516 D. salas
18.	3.21		216-48-356		y Esposit	0,3516 Rosekemp A
(This does r heart foilure, injury or con	SE OR CONDITION DI LEADING TO DEATH not meen the mode of esthenio, etc. It meens application which coused ANTECEDENT CAUSES OR CONDITIONS, if	dying, e.g., the diseose, deoth.)	(B)	Reval	2 (ardiolass Ensuf <sub>j</sub>	Cular Disease.
rise lo Ih	e obove couse (A) G CONDITION lost.		(c)	***************************************		
TO THE DEAT	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL				
19A. DATE OF	OPERATION 198. CON WAS PER		IICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medicol exominer	21 8. P home, etc.)	LACE OF INJURY (e.g., i form, factory, street, of	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give exoct location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E. 1	NJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY		While				
		Work	At Work	)	110.	23/20 35
	that (1) (this hospita		0/190/			8/30 1972.
that (I) (we)	lost sow the decease	d olive on	DIXP	19 /ond th	not in (my) (aur) op	nion/death occurred on the date
		red above. (I)	(Ma) (did not) v	iew the body ofter death.		
23A. SIGNATU	JRE LB	Tonon	9 Dhu	nding Med.	Staff Phys.	23B. DATE SIGNED /72
23C. PHYSICIA	IN'S	civas	VEGREE	23D. ADDRESS	rilys. —	1 1
NAME (T		. Steve	nc	2100 Framos	Ave Del	ha Ma
A. BURIAL CRE			AE of CEMETERY OF CRE	3400 Erdman		ity, town, or county) (Stote)
REMOVAL (	Specify)	240.114	of Garrier of Cat	240. [	LOURIUM (C	in, io an, or county; (Store)
Burial			aklawn	2SC. FUNERAL DIRECTO	Baltimore.	Maryland
A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF	REGISTRAR			
AUG31	1912 Drav	14 Mily	War.	Leonard J.	Ruck, Inc	Bal to, Md.
150-REV. 1/1/	68	1				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
ospita 6 of 7) Dec nce or
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This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.
This the t show was dece writt
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111 4011	Y HEALTH DEPARTMENT 72 08394
I. NAME OF DECEASED A LA L	TE OF DEATH REG. NO. STATE OF MARYLAND-DHILL
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4 USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND BALTO 6 300
SINAL HOSP, OF, BALTO.	BALTO, CITY YES NOT
H INC.	6059 FALLS RD Z1209
6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	7710
FREARICK LAADES	14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na or unknown) (If yes, give wor or dates of service)  SECURITY NO.	17. INFORMANT ADDRESS OF I
NO 2/2-74-9525	PALTER HNAYLOR 6059 FALLS NOACC
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  CAUSE OF DEATH	Server onset and Death
(A) IMMEDIATE CA	A CONSEQUENCE OF:
ANTECEDENT CAUSES	were Bowel 12this
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	1-00 1 Day 1711 7/10
UNDERLYING CONDITION last. (c) (DYO	MOBSU CELLACTRIXUIZY-36 hrs
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 1798, CONDITION FOR WHICH OPERATION WAS PERFORMED 28AUG 12AUG 12	ASCVD
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED A ROMEN	20A. AUTOPSY? IVes at No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, farm, foctory, street, of etc.	n or about 21 C. WHERE DID (If In Baltimore City, give exact location) fice bidg., INJURY OCCUR?
21D.TIME IMonth) IDoy) IYeorl IHour 21E INJURY OCCURRED  (APPROX.) While At Not While	215. HOW DID INJURY OCCUR?
22. I certify that (I) (this hospital) attended the deceased from	AUGUST 1972 10 29 AUGUGA 1077
that N (we) last saw the deceased alive an 29 AOG	19 7 and that in (mx) (our) opinion death accurred on the date
and haur and fram the causes stated above. (!) (We) (did) (did nat) v	lew the bady after death.
Phys	nding Med. Shuff 238 DATE SIGNED 238 DATE SIGNED 29 AUG 72
	3D. ADDRESS RAITIMINE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF GREE	MATERY 24D. LOCATION / (City, town, or county) (State)
25A. DATE REC'D BY HEALTH PEPT.   25B. NAME OF REGISTRAR	PIKESVILE, BALTO MO
AUG31 1972 Didney whoston	Frank U6 SKITS 814 W 36 Sh
VS 150-REV. 1/1/68	



61-72-53
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

IMPORTANT

FUNERAL DIRECTOR:

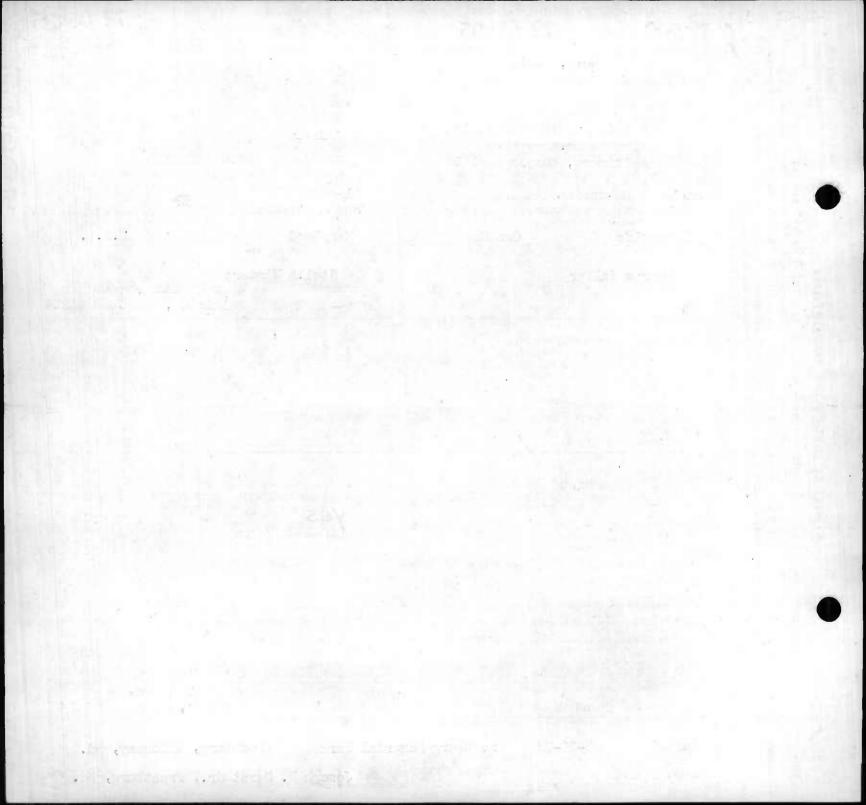
BALTIMORE CITY	Y HEALTH DEPARTMENT 72 083951					
72 08395 CERTIFICA	TE OF DEATH					
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
(Type or Print) Rowe, Marie	8/26/7-2 12 2º Am.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decessed lived. If institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland (SALTO 5 3 3 3					
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Baltimore City Hospitals	C. CITY OR TOWN  D. INSIDE CITY LIMITS?					
4940 Eastern Avenue	Baltimore YES X NO					
Baltimore, Maryland 21224	1933 Dineen Drive 21222					
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.					
Female Caucasian WIDOWED DIVORCED	11-4-19					
IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY						
done during most of working life, even if retired) Housewife Own Home	Maryland U.S.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
0 11 21	Chana Hinton					
George Walker  15. Wos Deceased Ever in U. S. Armed Forces?  16. SOCIAL	Stella Winters  17. INFORMANT 4940 Eastern Avenuess					
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	BCH - RECORDS Baltimore, Maryland 21224					
18. CAUSE OF DEAT						
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH					
LEADING TO DEATH (A)IMMEDIATE CA	USE Intra cerebral hermatary Aug 22					
(This daes not meon the made of dying, e.g., DUETO, OR AS heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:					
injury at camplication which coused deoth.)						
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving  DUE TO, OR AS A CONSEQUENCE OF:						
DISEASES OR CONDITIONS, if ony, giving DUETO, OR AS	A CONSEQUENCE OF:					
UNDERLYING CONDITION Iosi. (C)						
z						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).						
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED					
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	VES IN CERTIFYING CAUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, factory, street, or	in or obot 21C. WHERE DID (If in Boltimore City, give exoct location)					
DEATH (notify medical examiner)	mice bidgs, myoki occok:					
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
OF INJURY (APPROX.)  While At Work At Work						
22. I certify that (4) (this hospital) attended the deceased fram	A					
that () (we) lost saw the deceased alive an Aug 2.6	19 72 and that In (my) (our) apinion death occurred on the date					
and hour and from the couses stated above. (#) (We) (did) (did. (d						
23A. SIGNATURE	23B. DATE SIGNED					
Me Sarkarat M.V. AM	ending Med. Staff Phys. Phys. 9/26/72					
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS 4940 Eastern Avenue					
MEHDI DARKARATI M.D.	Baltimore, Maryland 21224					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CR						
Burial 8-29-72 Frostburg Memori	ial Park Frosthurg, Allegany, Md					

Burial 8-29-72 Frostburg Memorial Park Frostburg, Allegany, Md.

25A. DATE REC'D BY HEALTH DETT. 25B. NAME OF REGISTRAR

AUG 31 1972 25B. NAME OF REGISTRAR

VS 150-REV. 1/1/6B

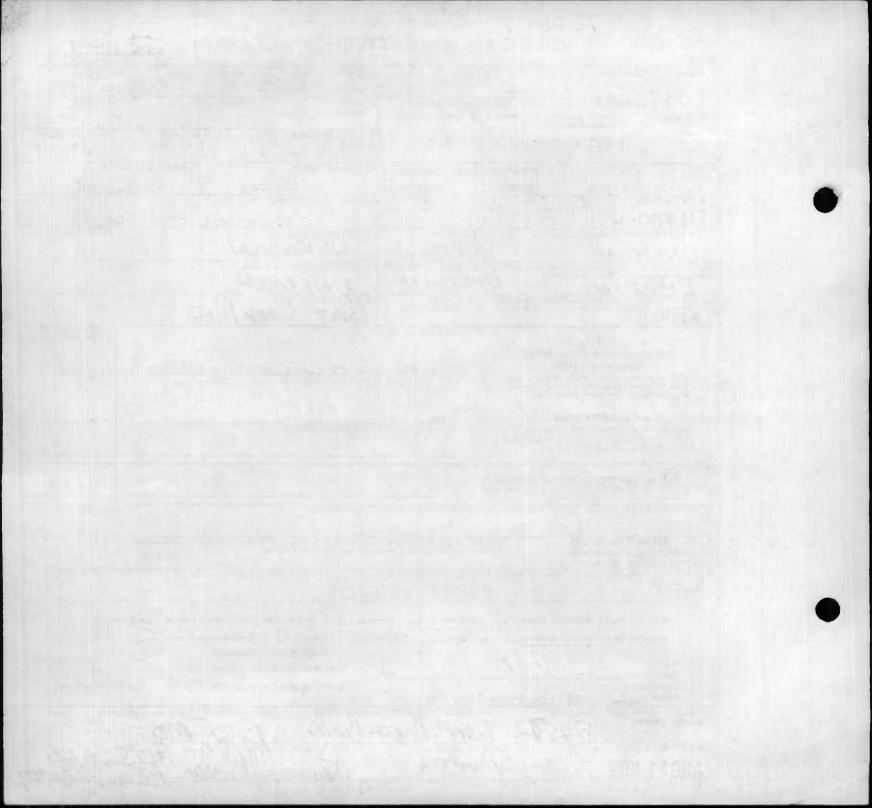


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

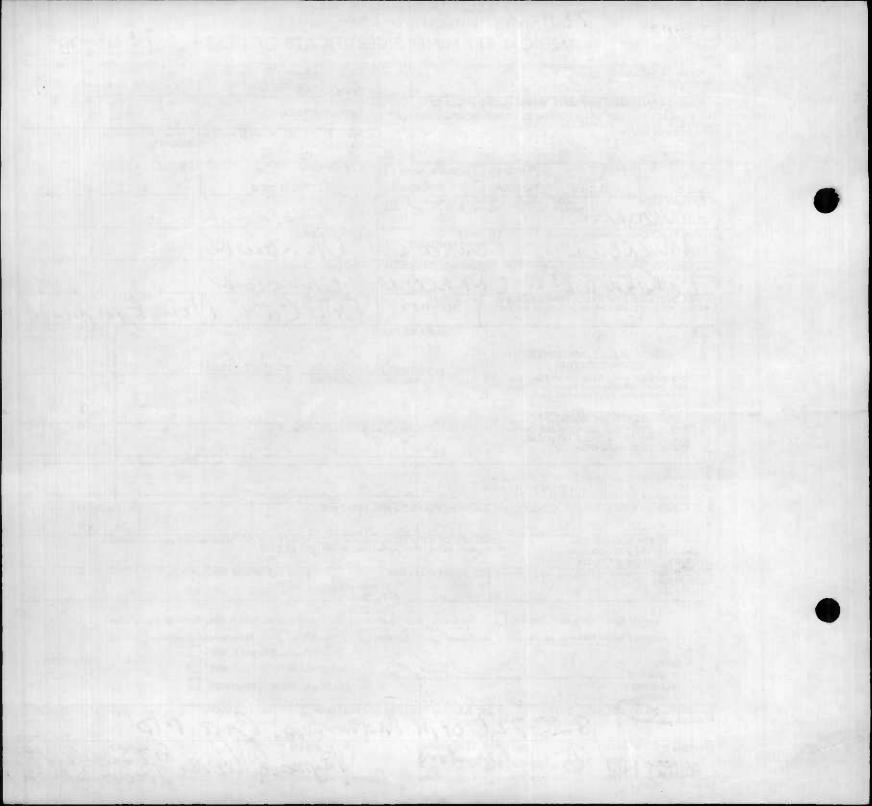
BALTIMORE CIT	TY HEALTH DEPARTMENT	5000 4
	ATE OF DEATH RESTATE OF	LARYLAND-DHMH
1. NAME OF DECEASED  IType or Print)  RADU C	2. DATE AND HOUR OF DEATH	201
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution A. STATE B. COUNTY	residence before admission)
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION SINDIFFERENCE OF BALTO	C. CITY OR TOWN D. INSIDE CIN	
4 6 REENSPRING +	E. STREET AND NUMBER	NO
BELVEDERE AVES	3807 CLKADER RD	901
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years last birthday) Month	rder i Yr. If Under 24 Hrs. Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	IY 11. BIRTHPLACE (State or fareign country) 12. C	ITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME	MARYLAND	USA.
1 - 1 3 200 1 C and a la	14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever In U. S. Armed Farces?  Ves,na ar unknown    If yes, give war ar dates af service    SECURITY NO.	17. INFORMANT	ADDRESS
SECURITY NO.	Scalar HOSP	
18. 7 6 3 91 CAUSE OF DEA	TH CONTRACTOR	APPROXIMATE INTERVAL
LEADING TO DEATH	ATURITY.	SELVICEN ONSEL VING SEXIA
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	S A CONSEQUENCE OF:	
ANTECEDENT CAUSES	0715	
rise to the above cause (A) stating the	S A CONSEQUENCE OF:	
11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).		************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  199A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING [7]	20A-AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
OR CONTRIBUTING CAUSE OF hame, form, factory, street of DEATH (notify medical examiner)	In ar about 21 C. WHERE DID (If In Baltimare City, gaffice bldg., INJURY OCCUR?	ive exact location)
OF INJURY  IManth) IDay) IYear) (Haur) 21 & INJURY OCCURRED  While At Net While	215. HOW DID INJURY OCCUR?	
Wark Al Wark	2 45 - 220	
22. I certify that (I) (this hospital) attended the deceased fram. (that (I) (we) last saw the deceased alive on. AUG 16	3 12 73	AV6/6 19 72
and hour and from the causes stated above. (1) (We) (did) (did nat)	774	ath accurred an the dote
23A. SIGNATURE SUPERMIGA MEDERLY AM	23 B, DA	8/16/12
23C. PHYSICIANS NAME ITYPE CHILLIAN ON WEGREE PAR	23D. ADDRESS	11972)
24A. BURNAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CR	SINA HOSPOF BALLEMATORY 240 JOCATION JOIN, TOWN	or county) (Satur
(REMOVAL Ispecify) 8.24-72 Con alamas (Bo	entlor 1 25 let mil	or county) (Statel
AUG31 1972 Selection of segistrum	26 C. PUNERAL DIRECTOR WITH SIT	JONES STA
VS 150-REV. 1/1/68	Jan Jan	100 mg 21204

824.

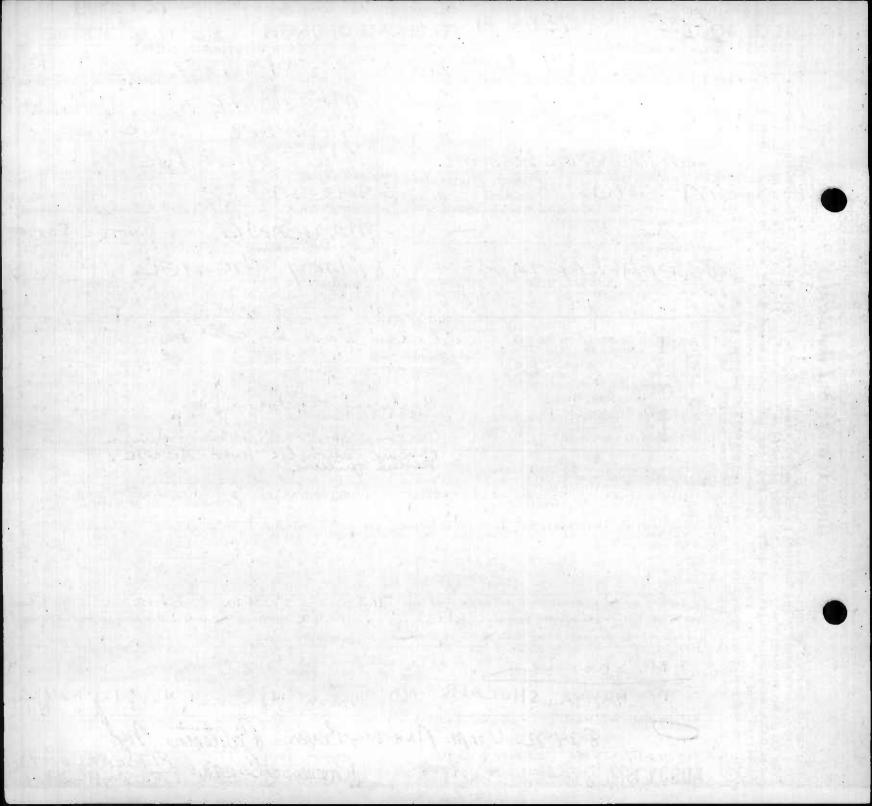
STATE OF MARY		
72 08337 BALTIMORE CITY HE		840
	CERTIFICATE OF DEATH REG. NO.	/2 08297
I. NAME OF DECEASED	2. DATE Kaown 🗔 Month Day	Yeor Hour
(Type or Print) Birtha Heynes	OF FOUND: Month Doy DEATH Estimated 7 27	72 P. N
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 7 27	72 2:20 P.
OR INSTITUTION 903 W. Satatoga St. Apt. 6	5. USUAL RESIDENCE (Where deceased lived, if institution A. STATE  B. COUNTY	on: residence before admission)
you w. bazacoga be. Ape. o	Maryland B. COUNTY	1801
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE	CITY LIMITS?
Female Negro WIDOWED DIVORCED	Baltimore	YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. Manths; Days; Haurs; Min.	E. STREET AND NUMBER	
UNKNOWN 63	903 W. Saratoga St. A	ot. 6
11, BIRTHPLACE(State or foreign country) 12, CITIZEN OF WHAT, COUNTRY?	13. FATHER'S NAME	
I INKAGUN UNKAGUN	Y 15. MOTHER'S MAIDEN NAME /	
It 4A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR	13. MOTHER'S MAIDEN NAME	
16, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	ADDRESS
(Yes, no gruphnown) (II yes, give war or dates of service)  SECURITY NO.	BAT CITY MED	NOUNESS
19. CAUSE OF DEA	The contract of the contract o	APPROXIMATE INTERVAL
7/5/7		BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	cause Arterios clerotic cardiovas	acul ar
II / AIMMEDIATE	AS A CONSEQUENCE OF: disease	scurat
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES (8)		
	AS A CONSEQUENCE OF:	
I INDERIVING CONDITION LAST		
Ď II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		No
UNDERLYING TOR CONTRIB. home, form, factory, street, affice	In or obaut 22C, WHERE DID (If In Baltimare City, give e bidg., etc.) INJURY OCCUR?	xact location)
UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT CO NO.	WHILE	
23.	YORK L. I	
I certify that I held on Inquiry I Inspection X Au	topsy and that on this basis, death in m	y opinion
resulted from: Natural causes X Accident Suici		
	CHIEF MEDICAL EXAMINER	
SIGNATURE SUP Mulloy M.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	7-28-72
NAME (Type) William P. Mulloy, (M.D.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	1 . 10	wn, ar county) (State)
1525-62 DOFM. HNATE	MY JARO ISALT IND	
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	250 PUNERAL DIRECTOR	ADDRESS O. ALA)
AUG31 1972 Transphroner	1/1/2 1/1/2 120 04	- carelly
	Warmous 1 110VIII	Sugar the 217/



8 -127 72 08338 BALTIMORE CITY HE		
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	2 08238
BIRTH NO.		
1. NAME OF DECEASED (Type or Print)  John Davis	2. DATE Known Day OF FOUND: DEATH Estimoled 7 27	72 Hour P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 7 27	72 4:45 P. M.
OR INSTITUTION 155 W. Saratoga St.	5. USUAL RESIDENCE (Where deceased lived. If Institution: A. STATE B. COUNTY	residence before odmission)
	Maryland	401
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	
Male White WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (In years   # Under 1 Yr. If Under 24 Hrs.	Baltimore YES	INO L
NKOCON lost birthdoy) Months Days Hours Min.	155 W. Saratoga Street	
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT SQUINTRY?	13. FATHER'S NAME	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
done during modes working life even lifetired) CNKNOUN	CNKOUN	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)  17. SOCIAL SECURITY NO.	BALT CITY MED A	EXA MINER
19. CAUSE OF DEA	TH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (A)IMMEDIATE C	CAUSE Fatty metamorphosis of liv	er
(This does not mean the made of dying, e.g., heart foliure, asthenio, etc. it means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING PUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/		
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, form, foctory, street, office uning Cause of Death.	in or obout 22C. WHERE DID (II in Baltimore City, give exact bidg., etc.) INJURY OCCUR?	l location)
OF INTITION	22F. HOW DID INJURY OCCUR?	
(APPROX.) m. WHILE AT WORK AT W	WHILE	
	irtial tapsy 🗵 and that on this basis, death in my a	nintan
resulted from: Natural causes  Accident  Suicid		
2 00	CHIEF MEDICAL EXAMINER	
SIGNATURE SUP MULLOY M.D	ASSISTANT MEDICAL EXAMINER	7-28-72
EXAMINER'S NAME (Type) William P. Mulloy, M.D.	ASSOCIATE MEDICAL EXAMINER	7-20-72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (SDEWY) 8 25-72 COM IN	or CREMATORY 24D. LOCATION (City Joyn)	or county) (State)
	DECOMY LOTHER DAGE	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250 FUNERAL DIRECTOR	DRESS CONTRACTOR
AUG31 1972 Augustus 258. NAME OF RESISTRALE VS 151-REV. 1/1/68	250 FUNERAL DIRECTOR COMPANY STAND	DREST CONTRACTOR



1/	BALTIMORE CITY H	EALTH DEPARTMENT	16	10399
K-135 72 08399	CERTIFICAT		STATE OF MA	RYLAND=DHMH
1, NAME OF DECEASED (Type of Print) EREDERICK R. KAPT.	91N.	8/13	HOUR OF DEATH	1330 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	A, USUAL RESIDENCE (Where of A, STATE B. COUNTY	deceased lived. If institution:	residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION) INSTITUTION	GIVE STREET	MARY CAI	D. INSIDE CITY	_ / _
44		E. STREET AND NUMBER.	YES C	NOL
UNION MEMORIAL HOSPITA	C	1410 UN	ION AVE.	
S. SEX 6. RACE 7. MARRIED NE WIDOWED	VER MARRIED B	7-12-17 10s	AGE (In years If Unit Month	der 1 Yr. If Under 24 Hrs. s Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINdone during most of working life, even if retired)	LESS OR INDUSTRY	1. BIRTHPLACE (Stote or foreign	,	TIZEN OF WHAT COUNTRY?
	-	MARYLAN	D. Ur	SITED STATES
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAME	1.5-10	
JOSEPH LAPTAIN.		101ARY H	IEMEL	ADDRESS
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)	ECURITY NO.	7. INFORMANT /		ADDRESS
142110	CAUSE OF DEATH	- voscular	colla ps	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. II meons the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		
injury at complication which coused death,)				
ANTECEDENT CAUSES	(B) Bacter	ial Endoce	-r dites	
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the				
UNDERLYING CONDITION lost.	1	c obstructiv	e may chise	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Renal	failure	ver discus	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLAC	OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
OR CONTRIBUTING CAUSE OF home, form	E OF INJURY (e.g., in n, foctory, street, offi	or obout 21C. WHERE DID to bldg., INJURY OCCUR?	(If in Boltimore City, s	give exact location)
	RY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
S OF INJURY (APPROX.) While At	Not While			
22. I certify that (*)(this hospital) attended the dec	ceased from	5 19	72 10 8/13	1972,
that (We) last saw the deceased alive an	2113			eath accurred an the date
and hour and from the causes stated above. (We	) (did) (did-eet) vi			
23A. SIGNATURE	1.5		23 B, D	ATE SIGNED
M, Sho caring	M.D. Atten		off oys.	
PAME (Type) MAWYA SHOCAL	R ND 25	Union Men	norial Hos	pital Baltimon
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of COMMON (Specify)	M AMETERY OF CREM			or calinty) (State)
25A, DATE REC'D BY HEALTH DEPT 25B. NAME OF REC	DISTRAR	250-NUNERAL DIRECTOR	C)7	C ADDRESS & OF
AUG31 1972 Hidrey horror	XMI O	JASMOND C	URRAN You	SON MD 21204
VS 150-REV. 1/1/6B				



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body berns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

1 -02	BALTIMORE CITY	HEALTH DEPARTMENT		170 00400
1520 72 084	00 CERTIFICA	TE OF DEATH	SHATHOOF	MARYTANDEDRINE
1. NAME OF DECEASED		2. DATE AT	ND HOUR OF DEATH	
Marian E	Jones	Auc	wat 30 1	9721 5 54 M
	PRONOUNCED DEAD	A. STATE B. COU	to deceased lived. Il in	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET			C' 17-1
HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	Baltimore D. INS	IDE CITY LIMITS?
		Baltimer		YES NO
Maryland General	Hespital	E. STREET AND NUMBER		GEO, WASIT.
4-8		607 Pemne	y bygma V	tre 21217
S. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under I Yr. Il Under 24 Hrs.
F W WID	OWED DIVORCED	7 1800	lost birthdoy)	Months Days Hours Min.
OA USUAL OCCUPATION (Give kind of work 108 KI		11. BIRTHPLACE (Siole of Core	gn country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		2		The state of the s
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Unknown		OTIMITOWII		
5. Was Deceased Ever in II. S. Armed Former?	16. SOCIAL	17. INFORMANT		ADDRESS
fes, no or unknown) (If yes, give war or dates of se				
	214-24-5037	chart		
18.4/0.91	CAUSE OF DEAT	н		APPROXIMATE INTERVAL
rise to the above cause (A) stating UNDERLYING CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTRIBU	(c)		***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19R CONDITION WAS PERFORMED TO THE TERM OF THE TER	IINAL	120.0		*************
WAS PERFORME	POR WHICH OPERATION	20A. AUTOPSYT (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21& PLACE OF INJURY (e.g., in home, farm, fociory, street, of etc.)	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimor	e City, give exact location)
21D. TIME (Month) (Doy) (Year) (House	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At   Not While			
	Work LJ At Work		CATCHING TO STATE	
22. I certify that (1) (this hospital) atter	ided the deceased from	August 29	972 to A	USest 30 1972
that (1) (we) last sow the deceased ally	e on August	30 19 72 and the	at in (my) -four) only	nion death occurred an the dat
ond hour and fram the causes stated obe			at intimy, tout, opi	mon death occurred an the dan
23A. SIGNATURE	ove. (I) (me) (did) (die-not) v	lew the body offer death.		
1 = 1 1 1 1 1	AMO	nding Med.	CaII prom	23 B. DATE SIGNED
m2 Walyn			Staff Phys.	8/30/72
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	lker M.D.	Maryland	Crenera	Hosp,
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE		CATION (Ci	ty, town, or county) (State)
REMOVAL (Specily)	A.			
	Mt Auburn Ce		Baltimore,	Md
AUC 9 1 1079	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
HORD TIRE WASH	No. day of	Adolphus H	lalstead 1	206 W North AVe
VS 150-REV. 1/1/68		10000		4,50

admitted to SWN. 4 11 116

Mt Auburn Cemetery

25B. NAME OF REGISTRAR

Burial

VS 151-REV. 1/1/6B

25A. DATE REC'D BY HEALTH DEPT.

9 - 1 - 7

Balto. .

Wm C March 928 E. North Ave.

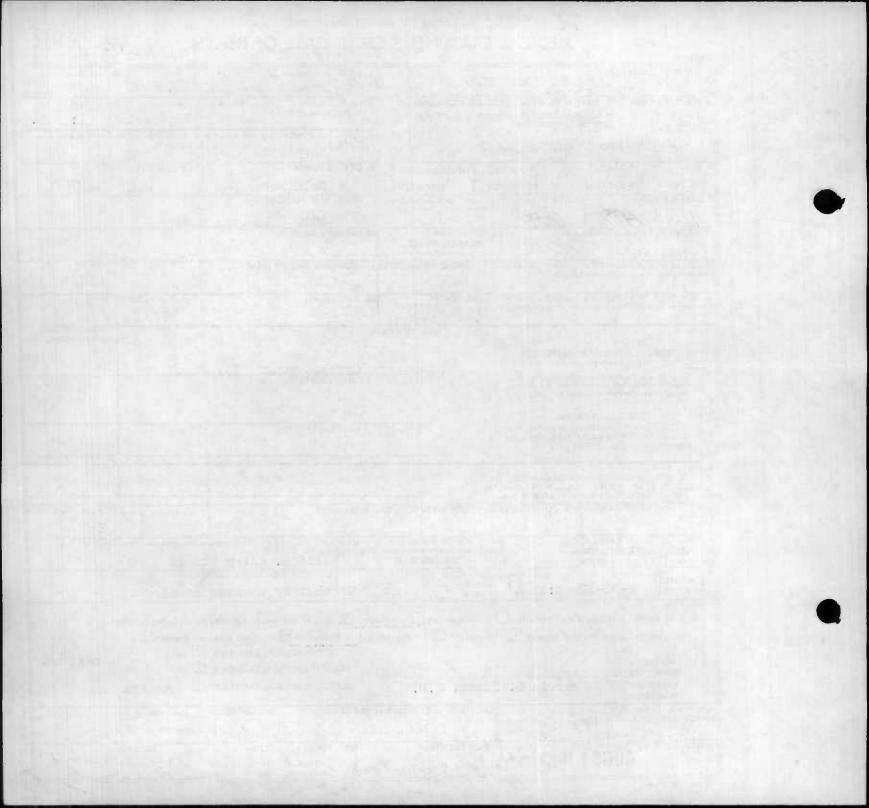
**ADDRESS** 

25C. FUNERAL DIRECTOR

An are black been page THE WALLES AND THE PARTY OF Fire restrict . 2 world The Law County Day County Day . I see the case head to home resumd the The state of the s . In the state of 

72 08402 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINED'S CEPTIFICATE OF DEATH
72 1184112

BII	RTH NO.		MILD	ICAL	CAN STATE OF	MARYLAND-DHAH OF DEATH REG. NO. 12 0000	
(Ty	NAME OF DEC	AKA		den	Trouble of	2. DATE Known & Month Doy Year Hour OF DEATH Estimoted August 31, 1972	м.
FUI	PLACE IN BAL' L NAME OF SPITAL INSTITUTION	(IF NOT		L OR INSTIT	UTION, GIVE STREET	3. DATE Month Doy Year Hour PRONOUNCED DEAD August 31, 1972 1:30	A. <sub>M</sub> .
	319	Provi	dent H	ospita	a1	5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admiss) A. STATE Maryland B. COUNTY	on)
	SEX (a.l.o.	7. RACE			D NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
1	fale	Negro	0. AGE (In	WIDOWE	DIVORCED L	Baltimore YES NO D	
	125	48	last birthday	4 1	onths Doys Hours MI	4020 Colbourne Road	
11.	BIRTHPLACE (S	die or foreign	country)	12	CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Grayden Froduction	
i4A don	USUAL OCCUI a during most of w	PATION (Give I arking lile, ever	kind al work l n ifretired)	48. KIND C	OF BUSINESS OR INDUST	TRY 15. MOTHER'S MAIDEN NAME	
Id. (Ye	WAS DECEASE , no or unknown)	D EVER IN U (Il yes, give wo	S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFORMANT Sistale ADDRESS	
TION	(This does not heart follure, injury or com  AN DISEASES C RISE TO THE UNDERLYIN	E OR CONDITIONS TO I	DEATH rode of dynthe means the coused deal AUSES NS, IF ANY, IF (A) STATI	disease, h.) GIVING NG THE	(B) DUE TO, O	E CAUSEGUIShot wound (2), of chest OR AS A CONSEQUENCE OF:	DEATH
CERTIFICATION	TO THE DEA DISEASE OR	TH BUT NOT R	ELATED TO T	HE TERMIN	AL		
	2/				OR WHICH OPERATION 1	Yes	No)
MEDIC	UNDERLYING UTING CAL		RIB- -(. y) (Year)	(Hour)	sidewalk	and in care, before	1
		R'S	Maux	sn	Accident Suic	Autopsy X and that on this basis, death in my opinion  CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   ASSOCIATE MEDICAL EXAMINER   AUgust 31, 1972	D
REA	BURIAL CREM	ATION, 248	DATE (	22	24C. NAME of CEMETER	Y or CREMATORY 24D. JOCATION (City, lown, or county) (Stole)	
254	DATE REC'D	AUG31	1972	258. NAA	drey by	25C. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS	4
VS	51. DEV 3/1/48				4-4-1	The state of the s	2/



BALTIMORE CITY	TE OF DEATH REG. NO. 72 08403
72 08403 CERTIFICA	ATE OF DEATH
I. NAME OF DECEASED STATE OF MA	RYLAND - DHMH 2. DATE AND HOUR OF DEATH
(Type or Print) ASHBY CRAWFOR	D 8-31-72 17 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE  8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
UNION MENORIAL HOSPT.	BALTIMORE YES NO [
44	529 ROSSITER AVE.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
WIDOWED DIVORCED	11-14-48- 73
IOA. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY done duging most of working life, even if retired)	
(RET.) CARPENTER BUILDING	VIRGINIA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ALEC CRAWFORD	CLDRINDA LAWSON
15. Wos Deceosed Ever in U. S. Armed Forces?   16. SOCIAL   SECURITY NO.	17. INFORMANT  ADDRESS  ADDRESS
No 223-18-9151	A (WIFE) NANCY C. (SAME)
DISEASE OR CONDITION DIRECTLY	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	15F Carling arrest
	A CONSEQUENCE OF:
injury or complication which caused death.)	cute Coronary Insufficiency I der
ANTECEDENT CAUSES (8)	and Recthis Syss
DISEASES OR CONDITIONS, if any, giving DUETO, OR AS	CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
- II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1: [A].	
	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i) OR CONTRIBUTING CAUSE OF home, form, foctory, street, o	in or obout 21C. WHERE DID (If In Boltimore City, give exoct location)
DEATH (notify medical examiner)	
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	
22. I certify that (I) (this hespital) attended the deceased fram	1967 10 8-3/ 1972.
that (I) (we) last saw the deceased alive an 7 - 20	19 ) and that in(my) (our) apinion death occurred an the date
and haur and from the causes stated above. (1) (We) (did) (did not)	rlew the body after death.
23A. SIGNATURE AND AND	238, DATE SIGNED
OEGREE Phy	ending Med. Staff Phys. Staff
WILLIAM RENISAN	3506 h Calvert Balt Hid 5/2/8
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CRI	EMATORY 24D. LOCATION (City, town, or county) (State)
Burial 9-5-72 Woodlawn	Woodlavm Md.
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
AUGSI 1912 Proviginion	H.W. Jenkins & Sons Co., Balto., Md.
VS 150-REV. 1/1/68	

A SAN DAW PARTY DENGERAL (TO A) Continos Chisans TELLIS TISH (WESTERNAMEN C. LEAR PHE parallel water of the second second A THE RESERVE AND A SECOND ASSESSMENT OF THE PARTY OF THE 

11) 101	BALTIMORE CITY	HEALTH DEPARTMENT		72 08404
72 0840	4 CERTIFICA	TE OF DEATH	REG. NO.	OF MARYLAND-DHMB
I, NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
(Type or Print) WILDER, SALL	Y RUTH	AUG	JST 28" 19"	72   1:25 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD		ere deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN	BALTIMORE	21228
ST AGNES HOSPIT			U. INS	YES NO XX
CATON & WILKENS		E. STREET AND NUMBER		TES NO DELY
BALTIMORE, MARY		3 GLENCOE A	VENUE	5 300
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.
FEMALE CAUCASIAN WIDOWED	Edward (	12/25/89	82	
10A, USUAL OCCUPATION (Give kind of work 108, KIND Of done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
CLEANER RAIL	ROAD	TENNESSEE		U.S.A.
13. FATHER'S NAME	IOAD	14. MOTHER'S MAIDEN NA	ME	
ADOLPHAS ROEHL		MARGARET	MILLER	
S. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give wor or dates of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
yes, give wor or dales or servicer	SECURITY NO.		BALTO MD 21	
18.	212-12-077		0	TON & WILKENS AVE
0 / 4,0	Sevs	()	le cle	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			0	{
(This does not mean the mode of dying, e.g.,		CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)				
ANTECEDENT CAUSES				
	(B)	A CONSEQUENCE OF:		*************
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	00c 10, 0k A3	A CONSEQUENCE OF		
UNDERLYING CONDITION lost.	(C)			
			And the state of	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	YES	10) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218	PLACE OF INJURY (e.g., it	or about 21 C. WHERE DID	(If in Boltimor	re City, give exact location)
d DEATH (notify medical examiner) etc.		ice blog., INJOKI OCCOK:		
O 21D. TIME (Month) (Day) (Year) (Haur) 21E	. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
III a a territory	nile At C Not While			
	71 11018			
22. I certify that XX (this hospital) attended t	he deceased from Al	IGUST 24	19 72 to AL	JGUST 28 19 72 .
that (I)((we) lost sow the deceased alive on.				
and haur and from the causes stated obave. (			-	
23A. SIGNATURE				23B, DATE SIGNED
1901	Atte	nding Med.	Staff Phys.	00
22C BUYCLETARE X	DEGREE Phys	. Director D	Phys. 🖵	08 29 72
23C. PHYSICIAN'S	•	SD. ADDRESS		
JOSE APTER M.D.	OEGREE		KENS AVENU	E 21229
24A. BURTAL CREMATION, 24B. DATE 24C. N REMOVAL (Specify)	AME of CEMETERY OF CRE	MATORY 24D.	LO CATION (C	ity, town, or county) (State)
	ke View Park		aroll Coun	
2SA. DATE REC'D BY HEALTH DEPT. 258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	R	30Te ADDRESS
21100 4 5090 - 1 1 m / 3				
AHERT THE TELEVISION	horrow	Edw. S. Ma	ichabb sons	30 Frederick Av. Catonsville, Md.

SEHALE CAUDA LANG. - KY - TAZZEZBO - BELLER THE STREET OF THE MANUE OF THE PARTY OF THE esers mileve anatime i unita Burial 8/31/72 Lake View Park Company Carell County , Md. uew. S. Radyabbions, inches exict

. Se . allegandad

24C. NAME of CEMETERY or CREMATORY

25B. NAME OF REGISTRAR

24D, LOCATION

25C. FUNERAL DIRECTOR

(City, town, ar county)

(State)

24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 1/1/68

24B. DATE

to security in 188 \* 是 张阳 图 第 and the resistant over the state of the first LITER PROBLE THE THE THE THE WASHINGTON CHECKENTER YOUR Checker 12 10/12 12/06/19

SFP 5 197 VS 150-REV. 1/1/88

and

BALTIMORE CITY	HEALTH DEPARTMENT 72 US406
BIRTH NO. 72 08406 CERTIFICA	TE OF DEATH STATE OF MARYLAND-DHMH
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14 USUAL RESIDENCE (MANAGEMENT)
FULL NAME OF (IF NOT IN HOSPITAL OF INSTITUTION GIVE STREET	4. USUAL RESIDENCE (Where deceased lived, Il Institution; residence before admission) A. STATE B. COUNTY AND A. STATE B. COUNTY B. COUNT
HOSPITAL OR ADDRESS OR LOCATION)	BACTHORF D. INSIDE CITY LIMITS?
SINAL HOSPITAL OF BALTIMORE	E. STREET AND NUMBER
SIM MODIFIE OF DALIMORE	4000 BELVIERRAVE BELVEDERE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In years lost birthdoy)  9. AGE (In years Months Doys Hours Min.
done during most of working life, even if retired)	11. BIRTHPLACE (Stole or Greign country) 12. CITIZEN OF WHAT COUNTRY?
John B. Hell	14. MOTH R'S MAIDEN NAME
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  217-2173	Dutler 4002 Billion A
18. 44.01 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CARDIAC ABREST 15 min
IThis does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES 1858	INA ABRTIC ANEWAYSTY & days
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) staling the UNDERLYING CONDITION last. (C)	A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 000	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED
8-29-42 WAS PERFORMED BOOK	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in home, form, fociory, street, off DEATH (nofify medical examines)	n or about 21C. WHERE DID (If in Boltimore City, give exact location) lice bldg., INJURY OCCUR?
OF INJURY (Month) (Doy) (Yeon) (Hour 215 INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work	· 🗆
22. I certify that (I) (this hospital) attended the deceased fram	8-29 19 72 to 9-/ 19 47
that (1) (we) last saw the deceased alive on9 - /	19 72 ond that in (my) (our) opinion death occurred on the date
and hour and from the causes stoted above. (I) (We) (did) (did nat) vi	lew the bady after death.
No.	nding Med. Staff Director Phys. 23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) AHASCHAI / USIKABHUMHA	TWAI HOS OITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRES	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	125G. FUNERAL DIRECTOR

258. NAME OF REGISTRAR ADDRESS

Such

BALTIMORE	CITY HEALTH DEPARTMENT	72 08407
H-200 72 08407 CERTIFI	CATE OF DEATH REG. NO.	OF MARYLAND DILLE
BIRTH NO.	2. DATE AND HOUR OF DEATH	
(Type or Print)		TW 44.450
HICKS John 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	August 31, 1972	stitution: residence before admission)
STEACE IN BALLINGRY MARIENTS, WHERE TROTTO STOLES	A. STATE B. COUNTY	206
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland	000
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Veterans Administration Hospita		DE CITY LIMITS?
3900 Loch Raven Blvd		YES NO NO
	E. STREET AND NUMBER	
Baltimore, Maryland 21218	2036 E. Lenvale Street	
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years last birthdey)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
Male Negro WIDOWED DIVORCED		
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDI	USTRY 11. GIRIHPCACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		
Crane operator Bethlehem Steel C		U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Henry Hicks	Ida Thornton	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT Records	ADDRESS
	VAH 3900 Loch Raven Bavd.	Balto., Md.
ves   11-28-42   12-15-44   213-09-423		APPROXIMATE INTERVAL
15/1/	DEATH.	BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	recause Intestinal Obstruct	on 5 weeks
(A)IMMEDIAT	DR AS A CONSEQUENCE OF:	on J weeks
heart failure, asthenia, etc. It means the disease,	or as a consequence of:	
injury ar camplication which caused death.)	1 1 0 . 10	20001
ANTECEDENT CAUSES (B) Care	comma of stomach with	n 9 mos.
The state of the s	OR AS A CONSEQUENCE OF:	Legal Legal Control
rise to the obave cause (A) stoting the UNDERLYING CONDITION tost.	despread metastases	
11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	lo-cutaneous fistula	4 weeks
	10- Curaneous Tistura	7 WPEKS
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED
2 7 28 72 WAS PERFORMED OBSTRUCT	THAN NO IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	(e.g., in or about 21 C. WHERE DID (If In Boltimor	e City, give exoct locotion)
OR CONTRIBUTING CAUSE OF home, form, foctory, streeten,	eet, office bldg., INJURY OCCUR?	
<u>U</u>		
U OF INJURY		
	t While Work	
22. I certify that (this haspital) attended the deceased fram	July 19, 19 72 to Aug	ust 31, 1972 ,
that ( (we) last saw the deceased alive an August		•
		mon death deconed on the date
and haur and from the causes stated above. (X (We) (did) (333)	net, view the bady after death.	DOOR DATE SIGNED
23A SIGNATURE OF CURLET M'S	Attending Med. Staff	238, DATE SIGNED
O FEW DE GREE	Phus Director Phus	9/1/72
23 C. PHYSICIAN'S	23D. ADDRESS	
RICHARD F. KLEFFER, JR., M.I	).	W1 04640
24A. BURIAL GREMATION, 24B. DATE 24C. NAME of CEMETERY	DEGREE 3900 Toch Raven Blvd Balto CEMATORY 24D. LOCATION (C)	ity, town, or county) (Stote)
REMOVAL Specify)	M-12Pips PA 1	m -1
Burial 9-5-12 Mibulus	ICMONICE IN HUBUTUM	///(Y)

SEP 5 1972 25C. FUNERAL DIRECTOR

ADDRESS

258. NAME OF REGISTRAR

VS 150-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

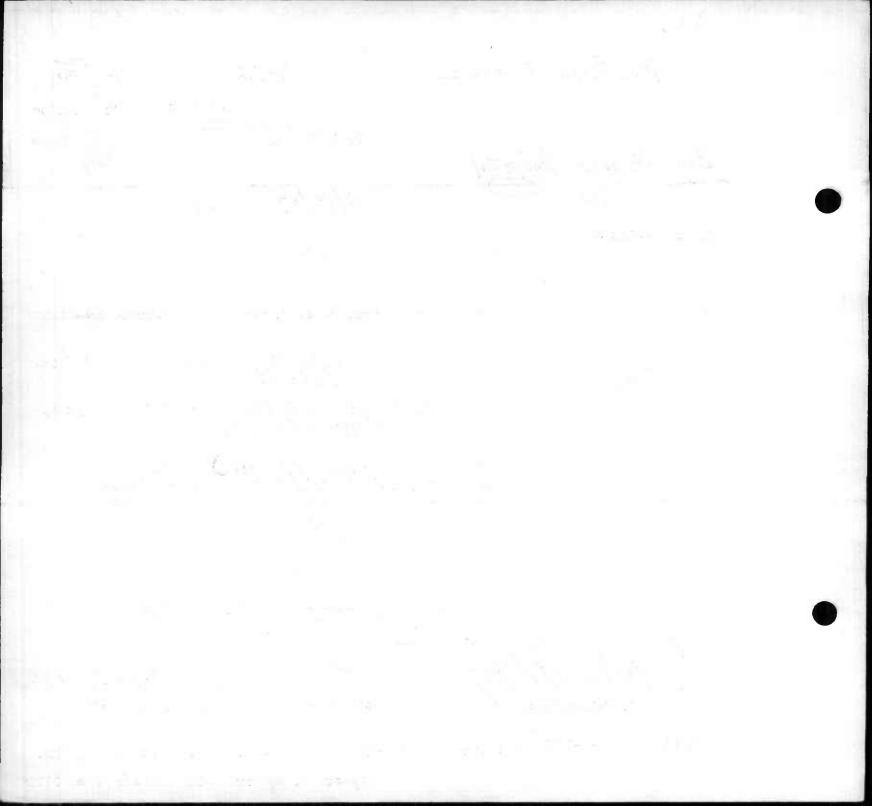
Preston

finish to break thinks make the office the control of the don't was in the Service Roll of State the property of the second of the second AND THE RESERVE OF THE PROPERTY OF THE PROPERT ALTERNATION OF THE PROPERTY OF THE early of with a promote a most in the within the least out of the first

## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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1	7-320 72	2 0841	)8 B	ALTIMORE CIT	Y HEALTH DEPARTA	MENT	175	0.8408	
R	RTH NO.		C	ERTIFICA	TE OF DEA	TH X	REG. NO.	THE STATE AND	* **********
	NAME OF DECEASED						STATE	W. SVETTERIN	7 - Dillera
	pe or Print) Ma F	1 =	01		2. 1	DATE AND HOL	JR OF DEATH		35-
1 3	PLACE IN BALTIMORE MARYLAN	RE.	DOETZ			9/2/72		12	m and
~	THE MARTINGE MARTLAN	ND, WHERE PR	ONOUNCED I	DEAD	4. USUAL RESIDEN	CE (Where decer	osed lived. If ins	stitution: residence	bolore admission!
H	JLL NAME OF (IF NOT IN H OSPITAL OR ADDRESS OR	OSPITAL OR I	NOTUTITEN.	NVE STREET	Maryland		Baltimore		300
-	2 14:				C. CITY OR TOWN	CATONSV]	[TTE   p. INSI		_
	200	,			E. STREET AND NU	SAXX.		YES N	10 🗓
	Don Jecours	Hosp	ital		1	BURRETT	+ Rd	2/200	7
) 5.	SEX 6. RACE	MAR	RIED NEVE	R MARRIED	8. DATE OF BIRTH		(In yours	If Under 1 Yr. Months Doys	If Under 24 Hrs.
L	MIN	WIDO		DIVORCED _	2/13/0	9	63	Monins Doys	Tours Min.
10.	LUSUAL OCCUPATION (Give kind on during most of working life, even if re	work 108, KIN	D OF BUSINES	S OR INDUSTRY	11. BIRTHPLACE (Stal	e or foreign cour	niry)	12. CITIZEN OF W	VHAT COUNTRY?
	Retired Salesman	illed)			ma	1.0		2/3	
13.	FATHER'S NAME				14 MOTHERS SAME	iana		4 3	7
	1	,			14. MOTHER'S MAIL	DEN NAME			
	Louis Goe	12			Pearl	Riley			
15. (Ye	Was Deceased Ever in U. S. Arme s, no or unknown! Ill yos, give wor o	d Forces?	16. SOCI		17. INFORMANT	7		ADDRES	2
1		1 00103 01 3014		JRITY NO.					
-	10	-	14/2	-07-433	Mrs. Helen	T. Goetz	, 1454 B	arrett Ro	ad 21207
	7/61/17	251	9.9 CA	USE OF DEAT	4	4		APPROXI	MATE INTERVAL
	DISEASE OR CONDITION	DIRECTLY			n	-11	1 1	BEIWEEN C	DNSET AND DEATH
	LEADING TO DE		(A	IMMEDIATE CAU	SE ARROMX	Muoro	Achiel		1 dece.
	17his does not meon the mod heart failure, asthenia, etc. It m	some the dice	e.g.,	DUE TO, OR AS	CONSEQUENCE OF	1	macus.		may
	injury or complication which ca	used deoth.)			Luga	na na	-		(
	ANTECEDENT CAL	USES	,	ASAT	115 01	KRILD	O. hans	1,	
	DISEASES OR CONDITIONS,	it day, ci	ving (8)	DUE TO. OR AS	A CONSEQUENCE OF	THOUSE !	feeres	U 4	ears
	rise to the above cause	(A) stating	lhe	0	of winor	cerolle	un.		
	UNDERLYING CONDITION last	l.	(C)	)					
-	11		412	4 3 5		4 6			
ATION	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTI	NG IL	1. sent	00000 1	1. A.	010	1 MA	
	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN	PART 1 (A)	19000	resentation	OL INGELL	er Ala	BELGANI	ENAMA	
FIC	19A. DATE OF OPERATION 198.	CONDITION F	OR WHICH OF	PERATION	20A. AUTOPSY? (Yo	s or No. 208, 1	P YES. WERE FIL	NDINGS CONSIDE	PED
ERTIFIC	$\propto$	ALIII C. C. C. C.			Vos	IN CE	RTIFYING CAU	NDINGS CONSIDE	
Ü	21 A ACCIDENT WAS UNDERLYING CAUSE OF	16 🗌	21 B. PLACE O	F INJURY (e.g., in	or about 21 C. WHERE	DID	(It to Rollman	City when a late	
CAL	DEATH (notity medical examiner)		home, form, lo	octory, street, olf	ice bldg. INJURY OC	CU R?	in a politimore	City, give exact loca	ofion)
MEDI	OF INJURY	eoil (Hour)	21E INJURY C			DID INJURY OC	CUR?		
	(APPROX.)		While At Work	Not While					
	22. I certify that (I) (this hasp	Ital) attenda					y		
				ed from	7 1703	19 3 3		1-1-7	19_72
	that (I) (we) last saw the dece			follow	19	and that In (m	y) (aur) apini	an death accurre	ed on the date
	and have and from the causes	stated above	· (I) (A.) (qi	d) (did not) vi	ew the bady after d	leath.			
	23A. SIGNATURE	m	. //				12	3B. DATE SIGNED	
	1 MURRO	2////	103	Atten		Stoff [	ı	1 10	1, 5 - 5 -
	23C. PHYSICIAN'S NAME (Type)	11/	/	DEGREE Phys.	Director	Staff Phys.		Sefet L.	19/2-
	J. Nelson	MoVa	/		OIA Edward	0 A -	no 1.	7/1 0700	
24.	/			DEGREE	6 <b>9</b> 14 Edmond	son Ave.	, Balto.	, Md. 2122	18
24A	BURIAL CREMATION, 248, DATE	240	NAME of CE	METERY OF CREA	MATORY	24D. LOCATION	(City.	town, or county)	(Stote)
	Burial 9-5-1	972					••		
	DATE REC'D BY HEALTH DEPT	I I'I	eadowrid	ge Cemet	ery	Wash. I	Blvd. Hov	ward Count	y, Md.
	SEP 5 1979 X	XX WELL !	White I	972	25C. FUNERAL DIR	RECTOR		ADDRE	SS
10	1016 / 7	TI X	2	2	Howard H.	Hubbard	, 4107 W:	ilkens Av	e. 21229
V\$ 1	50-REV. 1/1/68	* #							



VS 151-REV. 1/1/6B

25A. DATE REC'D BY HEALTH DEPT

Burial

9-6-1972

Howard H. Hubbard, 4107 Wilkens Ave. 21229

25C. FUNERAL DIRECTOR

Smith County, Virginia

ADDRESS

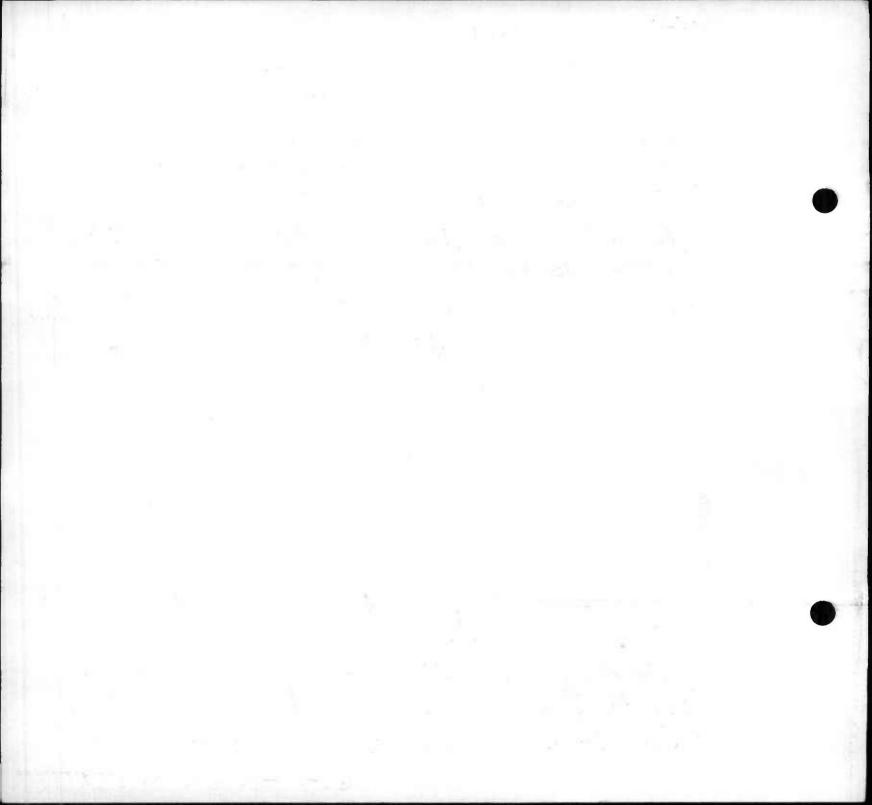
Slemp Cemetery

25B. NAME OF REGISTRAR

mwasan Maria sayasa S( Osvasi s Bod. To see a see a see THE STATE OF THE STATE OF THE PARTY OF Mark ususdalo director for all controls of the controls

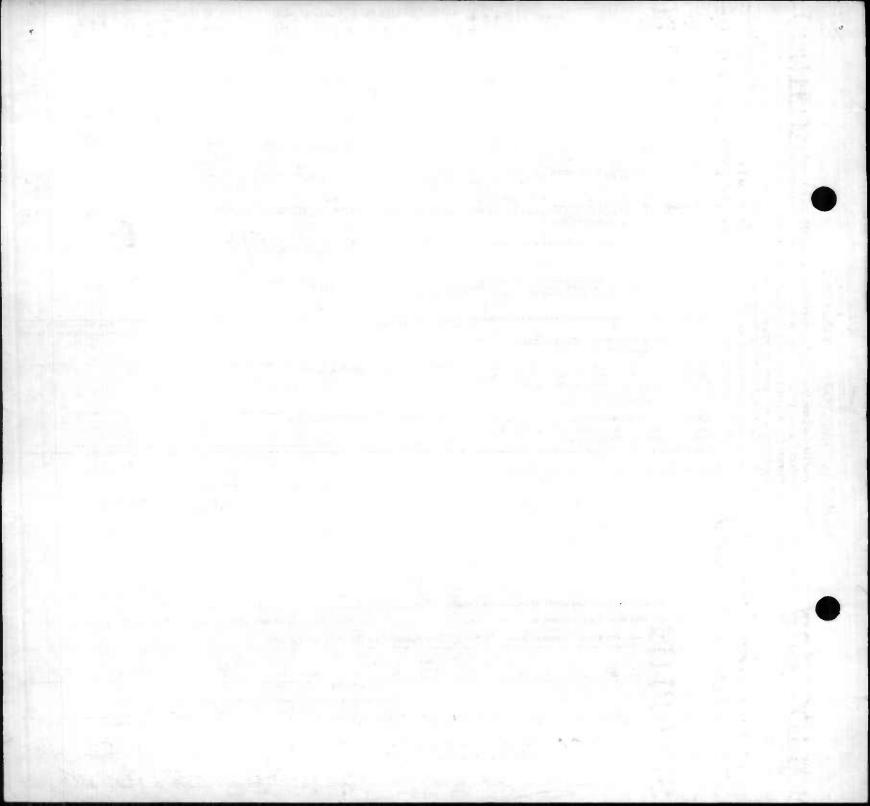
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	5-300 72 (04) BALTIMORE C	ITY HEALTH DEPARTMENT 72 08410
- 11	5-300 72 (8410 CERTIFIC	ATE OF DEATH STATE OF MARYLAND-DHITH
	1. NAME OF DECEASED (Type or Print) Schade Edith	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE Md B. COUNTY BALL BALL BALL BALL BALL BALL BALL BAL
2	Hayord Gardin's Nursing Home	Baltimore YES NO
	4700 Harford Road	E. STREET AND NUMBER 2902 SOMART AVE
	6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
-   -	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	3/21/8 A 90
	House Wire A Home	RY 11. SIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?  A  J  A
	Thomas Reywolds Colein	14. MOTHER'S MAIDEN NAME  Alexing A Flour
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (III yes, give wor or dates of service)  16. SOCIAL SECURITY NO.  211-48-26	17. INFORMANT ADDRESS
l	18. 4/ / 2 . 4/ 1 CAUSE OF DE.	
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,	
	hearl foiluse, osthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving Due to, OR	AS A CONSEQUENCE OF:
	ise to the abave cause (A) stating the UNDERLYING CONDITION tast. (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OLISEASE OR CONDITION GIVEN IN PART 1 (A)	
	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  218. PLACE OF INJURY (e.g. hame, farm, factory, street, etc.)	office bidg., INJURY OCCUR? (If in Boltimore City, give exact location)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.)	
	22. I certify that (1) (this hospital) attended the deceased fram	Aver 17 19 7210 Ave 31 19 22
	that (I) (we) last saw the deceased alive an Auch	19 and that in (my) (duc) apinian death accurred an the date
	and haur and fram the causes stated above. (1) (We) (Std) (did nat)	
	A MA A	Hending Med. Stoff 23B. DATE SIGNED
	23 G. PHYS/CIAN'S DEGREE NAME Hype)	23 D. ADDRESS Director Phys. Director Phys. Director Dire
	Ldy M. Kimmerman H. J. DEGE	3202 Harryand Kd. Ballimors Md
	DURIAL Specify, 248, DATE 24C, NAME OF CEMETERY OF C	PARK BALTO ME (Stote)
2	5A. DATE REC'D BY HEALTH PEPT 25B. NAME OF REDISTRAS	25C, FUNERAL DIRECTOR ADDRESS HARECED
	SEP 5 1912 Michigan 1913	1 C. T. EVANS & BON Bart, md. P.



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be the body was released t shows: (1) An accident o was D.O.A. at a hospita deceased prior to death written approval must b

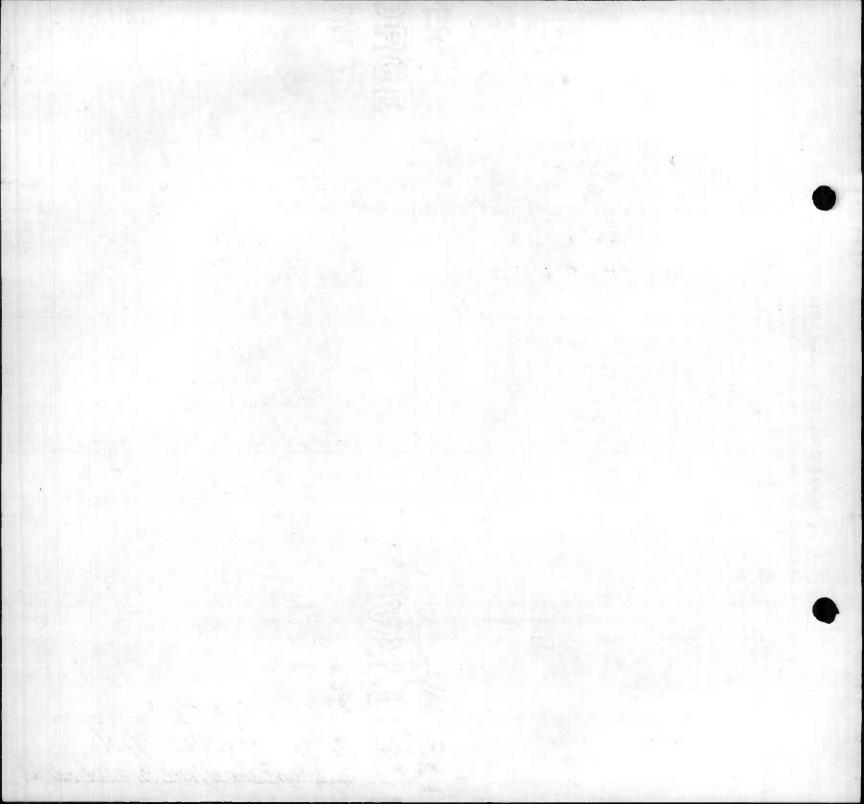
	1/1 2 22 ::00	004	BALTIMORE CITY	HEALTH DEPARTMENT					
	W-300 72 08411 CERTIFICATE OF DEATH  REG. NO. 72 08411  STATE OF MARYLAND-DHM								
1 3	RTH NO. NAME OF DECEASED			D DATE AN	STATE OF	MARYLAND-DHW			
(T	ype or Print) Margaret White				16,1972	1 N. 45 A			
3.	PLACE IN BALTIMONE, MARYLAND, WHE	UNCED DEAD		to deceased lived. If instituti	ian: residence before admission)				
F	FULL NAME OF ADDRESS OR LOCATION INSTITUTION. GIVE STREET ADDRESS OR LOCATION TO THE Johns Lupkins Hagpital				altimure City	1603			
111				C. CITY OR TOWN	D. INSIDE C				
15				E. STREET AND NUMBER	YES	NO D			
				1607 B Riggs Avenue					
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED 8			8. DATE OF BIRTH	9. AGE (In years If	Under 1 Yr. , If Under 24 Hrs.			
IL		VID OWED [		10 4 00	71	nths Doys Hours Min.			
do	OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)			11. BIRTHPLACE (State or forei	gn country) 12.	CITIZEN OF WHAT COUNTRY?			
				JOPPA 1	ne	icsa			
13	3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
	Issac Wilmen			Ida Mac Jones					
15. (Ye	Was Deceased Ever in U.S. Armed Forces? es,no or unknown) III yes, give wor or dotes of	servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	No		219 10 3191	Chart					
	18. 4 36.71		CAUSE OF DEATH	•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
1	DISEASE OR CONDITION DIRECTLY Cevelworks at lar accident								
1	(This does not mean the mode of dying, e.g., (A)IMMEDIATE CAUSE								
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES								
	DISEASES OR CONDITIONS, if any	giving	DUE TO, OR AS	A CONSEQUENCE OF:					
	rise to the obove cause (A) staling the UNDERLYING CONDITION lost. (C)								
P	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
S	DISEASE OR CONDITION GIVEN IN PART 1	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINDI	NGS CONSIDERED				
ERTIF	WAS PERFORM		Yes	IN CERTIFYING CAUSES	OF DEATH?				
U	OR CONTRIBUTING CAUSE OF	218, home	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Boltimore City	, give exact location)			
CAL	DEATH (notify medical examiner)								
MEDI	OF INJURY		INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?				
-	(APPROX.)	Worl							
	22. I certify that (A) (this hospital) attended the deceased from Aug 6 1972 to Aug 16 1972								
	that (1) (***) last saw the deceased alive an Aug 15, 19 72 and that in (my) (600) apinion death accurred an the date								
	and hour and from the causes stated above. (1) (Ma) (did) (d								
	23A. SIGNATURE  State   Day Barrell   MD Attending   Med.   Staff   Care								
	23C. PHYSICIAN'S	u C	DEGREE THYS.	Director L I	Stoff Phys. (	lug 16, 1972			
	NAME (Typel								
24	Edward James	BUS 24C.NA	ME OF CEMETERY OF CREA		opkins Hospi	tal vn, or county) (State)			
	REMOVAL (Specify)	1-	6	PENG					
25.	A. DATE REC'D BY HEALTH DEPT. 25B	NAME OF	ONEASER FREGISTRAR	25C, FUNERAL DIRECTOR	Jepp,	4 HA ME			
	SEP 5 1079 4	and -	2) 7/2	GEORGE	E WITHH	BODAW MI			
VS	150-REV. 1/1/68	1111		1 1 1 3 7	2 11 1111111111111111111111111111111111	wat I'll to			



## FUNERAL DIRECTOR: IMPORTANT

wos D.O.A. at a hospital (except where the physicion who pronounced deoth wos in regulor ottendonce on the deceosed prior to deoth); and (6) No physicion was in regulor ottendonce on the deceosed prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospitol ond the body was released to the hospital by o medical examiner. Also, if the direct or contributing couse of deoth shows: (1) An occident of ony noture; (2) Body burns; (3) A frocture of ony kind; (4) Undetermined couse; (5) Deceosed

BALTIMORE	BALTIMORE CITY HEALTH DEPARTMENT 72 (18412)							
811 CERTIFI	CATE OF DEATH							
1, NAME OF DECEASEO	2. DATE AND HOUR OF DEATH							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where occessed lived. If institution: residence belon admission) A. STATE B. COUNTY							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)								
Reason manon	Baltimore YES NO							
90 nursing Hom								
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	2 / Months; Doys Mours; Min.							
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDIdone during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
Unemployed	//d. U.S. H.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
15. Wos Occessed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS /							
(Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO.	27 June 1 Se Jan 3016 Duynna							
1B. CAUSE OF	DEATH BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								
(A)IMMEDIATE (This does not meen the made of dying, e.g.,  OUE TO. (	R AS A CONSEQUENCE OF:							
heart foilure, osthenio, etc. It meons the disease, injury ar camplicalian which caused death.)	1 10							
ANTECEDENT CAUSES (B) PERMOSCILLOSIS UNFROWA								
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the								
UNDERLYING CONDITION Iosi. (C)	minding a company of the							
other significant conditions contributing to the Death But not related to the terminal Disease or condition given in Part 1 (a).								
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN-CERTIFYING CAUSES OF DEATH?							
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	(e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location)							
OR CONTRIBUTING CAUSE OF home, form, foctory, street.	et, office bldg., INJURY OCCUR?							
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE	and the same of th							
While At No	While Work							
22. I certify that (I) (this haspital) attended the deceosed fram 1970 to 1972,								
	30 19 72 and that in(my) (aur) apinian death accurred on the date							
and hour and from the causes stated above. (1) (We) (did) (did	to the body after death.							
The And AMID	Attending Med. Staff   \$\frac{\frac{1}{3}}{3}\frac{1}{3							
23C. PHYSICIAN'S NAME (Type)								
D. W. SIEWAK,	NID 2300 Larrison Blyd							
24A. BURIAL CREMATION, 24B. DATE 24C NAME of CEMETERY GREMATORY 24D. LOCATION (City, lowe of Country)								
REMOVAL (Secify) 9/9/60 /	TO ALL							
PREMOVAL (Specify)  9/2/2  25A. DATE REC'D BY HEALTH DEPTY.   25B. NAME OF REQISTRAR								
Burial 9/2/12 (porters 1/1)	AREMATORY 24D. LOCATION (City, lower or county) (State)							



25C. FUNERAL DIRECTOR

ADDRESS

REMOVAL (Specify)

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

## This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT 72 08414											
REG NO.											
BIRTH NO. 72 (8414	CERTIFICA	TE OF DEATH	- Alma (	MARYLAND-DHMH							
BIRTH NO. 72 (SA14 CERTIFICATE OF DEATH  1. NAME OF DECEASED  (Type or Print)  2. DATE AND HOURS AND THE MARYLAND DEATH  2. DATE AND HOURS AND THE MARYLAND DEATH  (Type or Print)											
Laura Williams 2:15 A											
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Who		nstitution: residence before admission)							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	TION CIVE STREET	Md. // 02									
FULL NAME OF   (IF NOT IN HOSPITAL OR INSTITUTION   ADDRESS OR LOCATION)	HON, GIVE SIREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?									
The state of the s		Baltimore YES NO NO									
3 / Mercy Hospital, Inc.		E STREET AND NUMBER									
mercy nospital, inc.		808 St. Paul St.									
S. SEX   6. RACE   7. MARRIED	NEVER MARRIED	B. DATE 249 1882	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.							
Female White WIDOWED	DIVORCED [	B/27/72	last birthday) 90	Months Doys Hours Min.							
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or long	eign country)	12. CITIZEN OF WHAT COUNTRY?							
Housewife  Housewife		Poltimone	MA	U.S.A.							
13. FATHER'S NAME		Baltimore,	ME WE								
Unknown Frederick Tue	erke	Unknown									
IS. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS							
(Yes, no or unknown) (II yes, give wor or dotes of service)	SECURITY NO.	Mrs. Laura	Jackson 1	714 Red Oak Rd. alto., Md. 21234							
1B	CAUSE OF DEAT	H		APPROXIMATE INTERVAL							
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH							
LEADING TO DEATH	(A) IMMEDIATE CAL	15E Uremia									
(This does not meon the mode of dying, e.g.,		A CONSEQUENCE OF:									
heart loilure, asthenia, etc. It means the disease, injury or complication which caused death.)	Α										
ANTECEDENT CAUSES	$\Lambda$ ( ) ( $C$ , )										
DISEASES OR CONDITIONS If any diving	V										
rise to the obove couse (A) stoting the	A / /										
UNDERLYING CONDITION lost. (C) Sever Vehy dration											
II .											
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING											
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A).	110000,	Witherest telling I heumonia									
	VHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CEPTIEVING CA	FINDINGS CONSIDERED							
19A. DATE OF OPERATION 19B. CONDITION FOR V		IN CERTIFYING CAUSES OF DEATH?									
U 21A. ACCIDENT WAS UNDERLYING 218.	e, farm, factory, street, a	n ar about 21 C. WHERE DID (If in Boltimore City, give exact location) injury OCCUR?									
0	INJURY OCCURRED	215 110111 212 111	III.AV O G GILIPS								
OF INJURY		21F. HOW DID IN	JURY OCCUR!								
	While At Work At Work										
22. I certify that (4) (this hospital) attended the	22. I certify that (4) (this hospital) attended the deceased from 8-27 19 72 to 8-31 19 72										
that (%) (we) last saw the deceased alive on	837	19 72 and t	hat in (AGG (our) ap	Inian death accurred an the date							
	and have and from the courses stated above. (1) (1960 (did) (1100) view the bady after death.										
23A. SIGNATURE	/ (man (ala) hammon) /	new the bady after death.	•	23B, DATE SIGNED							
1 2 1 0 1	Shoff 101 8/21/71										
told ( Section 1)	DEGREE Phy		Phys	0/3///							
23C. PHYS CIAN'S NAME (Type)	23C. PHYSICIAN'S NAME (Type)										
John F. SEIR	EI IR MD	MERCY	HUSPITA	71							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEME RY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)											
Burial 9/2/72 Mt	. Olivet Ce	emetery 29	30 Frederi	ck Ave. Balto,							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C	F REGISTRAR	25C, FUNERAL DIRECTO	R	ADDRESS							
Edw. S. MacNabb Sons, Inc.											
VS 150-REV. 1/1/6B		Triedet.	lck Rd. Ca	tonsville, Md.							

6/8/67 - Adm. Midtown N. H

41111111

Frederick Fuerks Unknown .

Mrs. Daura Jackson 1714 Rod Ouks

Surfal : \$/2/72 | Mt. Olivet Cometery 2930 resourch ave balts.

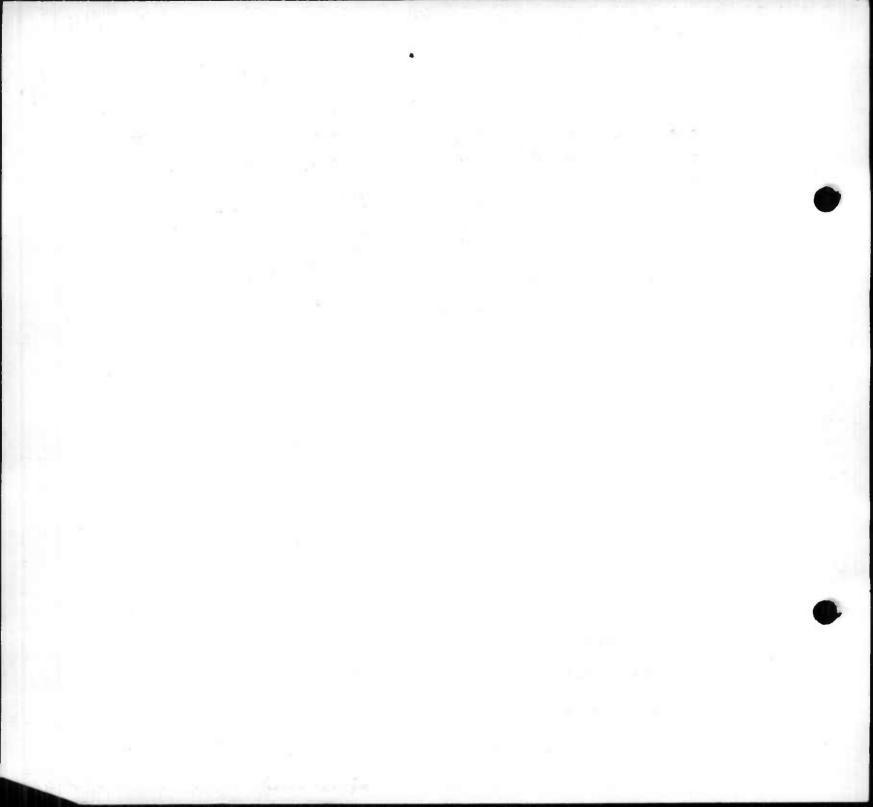
## FUNERAL DIRECTOR: IMPORTANT

BIRTH NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF ADDRESS OR LOCATION)  FULL NAME OF ADDRESS OR LOCATION)  Gould Convelibarium  5. SEX  6. RACE  Male  Gaus.  6. RACE  WIDOWED  DIVORCED  BIRTH NO.  2. DATE AND HOUR OF DEATH  8/31/72  4. USUAL RESIDENCE (Where doceosed lived. If in 8. COUNTY  Md.  C. CITY OR TOWN  Balto.  E. STREET AND NUMBER  3446  Juckery  Outload Convelibarium  5. SEX  6. RACE  WIDOWED  DIVORCED  B. DATE OF BIRTH  9. AGE (in Geors 80)  10st birthdoy)	10:
Solution	IDE CITY LIMITS?
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  Gould Conveliberium  To Married To Never Married B. Date Of Birth Male Caus.  To Married To Never Married B. Date Of Birth Male Caus.  To Married To Never Married B. Date Of Birth Male Caus.  To Married To Never Married B. Date Of Birth Male Caus.	IDE CITY LIMITS?
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  Md.  C. CITY OR TOWN Balto.  E. STREET AND NUMBER 3446  Solution  F. SEX Male  Gaug.  MARRIED NEVER MARRIED  DIVORCED  B. DATE OF BIRTH  Solution  9. AGE (In Geors 80)  10 St birthdoy)  11 STATE  8. COUNTY  Md.  12 STATE  8. COUNTY  Md.  13 Local State  14 State  15 STREET AND NUMBER  3446  26 State  16 State  17 MARRIED NEVER MARRIED  18 DATE OF BIRTH  10 St birthdoy)	IDE CITY LIMITS?
HOSPITAL OR INSTITUTION  Gould Convelisarium  C. CITY OR TOWN  Balto.  E. STREET AND NUMBER  3446  S. SEX  Male  Gaug.  MARRIED NEVER MARRIED  B. DATE OF BIRTH  9. AGE (In Geors 80)  lost birthdoy)  Output  Output  DIVORCED  8/31/92	_
Balto.  E. STREET AND NUMBER  3446 Zickory Co  S. SEX  Male Caue.  Married Never Married   8. Date of Birth   9. AGE (In Geors 80)    10	_
Gould Convelisarium  E. STREET AND NUMBER  3446  Street AND NUMBER  346  Street AND NUMBER  346  Street AND NUMBER  347  Street AND NUMBER  346  Street AND NUMBER  347  Street AND NUM	YES X NO
5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In Geors 80)   Not bighdoy)   Soft	
5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In Geors 80   10   10   10   10   10   10   10	
Male Caue. WIDOWED DIVORCED 8/31/92	If Under 1 Yr. , If Un
10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreing country)	Months Days Hours
	12. CITIZEN OF WHAT
done during most of crarking life, even if retired) Local 37 Va.	U.S.
13. FATHER'S NAME	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  SECURITY NO.	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.  227-09-5419 Helen M. Tobin (same	)
18. CAUSE OF DEATH	APPROXIMATE BETWEEN ONSET
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.  COMPANY TO THE SIGNIFICANT CONDITIONS CONTRIBUTING	>1 ys.
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 208. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR?	re City, give exact lacation
OR CONTRIBUTING CAUSE OF home, form, loctory, street, office bldg., INJURY OCCUR?	
D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY  (APPROX.)  While At Not While At Work  At Work	
22. I certify that (I) (this hospital) attended the deceased from 10/9/ 19 7/ to	8/31/
that (1) (we) last saw the deceased olive on 8/27/1972 and that in (my) (eve) opi	nion deoth occurred a
and hour ond from the causes stated above. (i) (We) (the) (did nat) view the body after deoth.	
23A. SIGNATORE	238. DATE SIGNED
Months B Bradkey OEGREE Phys. Attending Med. Director Phys.	9/1/72
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	:06
23C. PHYSICIAM'S NAME (Type) Albert B. Bradley, M.D.  23D. ADDRESS 4900 Belair Road 212	
23C. PHYSICIAM'S NAME (Type)  Albert B. Bradley, M.D.  Albert B. Bradley, M.D.  Albert B. Bradley, M.D.  Albert B. Bradley, M.D.	ity, town, or county)
23C. Physician's NAME (Type) Albert B. Bradley, M.D.  24A. BURIAL CREMATION, REMOVAL (Specifyl Burial 9/2/72 Saters 23D. ADDRESS 4900 Belair Road 212  24A. BURIAL CREMATION, REMOVAL (Specifyl Burial 24C. NAME of CEMETERY of CREMATORY Balto.	Co. Md.
23D. ADDRESS NAME (Type)  Albert B. Bradley, M.D.  24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (Circumstant)	Co. Md.

.0). 

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

1 %	1					REG. NO.	15 004TD
	) -345 TH NO.		08416	CERTIFICA	ATE OF DEATH	STATE	OF WYKATIYMA THUR
	IAME OF DECEAS	ED		•	2. DATE A	ND HOUR OF DEAT	TH .
(Тур	pe or Print)	Edna Sta	11 in a	-		4-1-75	1) 1040 0
3.	PLACE IN BALTIM	ORE, MARYLAND, V	TTTTTE	IINCED DEAD	14. USUAL RESIDENCE (WE		f institution: residence before admiss
	LL NAME OF				A. STATE B. COU	NTY	institution: residence before admiss
HO	SPITAL OR	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	C. CITY OR TOWN	11.0	VSIDE CITY LIMITS?
	91	Century	Home	Inc	Baltimore		YES NO
	10	102 N 1	Daca Ca	t. <b>2</b> 1201	E. STREET AND NUMBER		
_			uca o	L. 41201	339 S. Sma	11wood St	
5. 5	EX 6. I	ACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr. If Under 24 I Manths! Days Haurs Min
	F	W	WIDOWED	DIVORCED T	8/1/85	lost birthdoyl	Manins Days Hadrs Min
OA	USUAL OCCUPA	TION (Give kind of wor	108 KIND OF		11. BIRTHPLACE (State of for	reign country)	12. CITIZEN OF WHAT COUN
done	e during most of work	ing life, even if retired)	1 2 //		0 14.	111	-15 1
2	retire		Herche	andising	Baltmore,	MU.	10-4
J.	FATHER'S NAME		,		14. MOTHER'S MAIDEN NA	AME ,	
1	Mr. Geo.	E. Hour	t		Fannie P	hine	
5. \	Was Deceased Eve	in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
, et 5	// Or Unknown/ (III	yes, give war ar date	es of service)	SECURITY NO.	lw -	200	chopfant Au
_	NO .			218260717	1/1/18 · Zimmer	man Ba	1 lto. 410.71287
	18.410	4-1		CAUSE OF DEAT	H		APPROXIMATE INTERVA
		R CONDITION DI	RECTLY	COA, D	in - Nousing	to for a	2 s a d
		DING TO DEATH			o - regula	7 Luce	
	(This does not			(A)IMMEDIA IE CA	N2F		
3	heart failure acti	mean the made of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		IVV
	heart failure, ast	enio, elc. Il meons	the disease,	DIJE TO OP AS	A CONSEQUENCE OF:	tei Cl	1(1/1)
	heart failure, ast injury or camplic	ienia, elc. Il means alion which caused	the disease, death.)	DIJE TO OP AS	A CONSEQUENCE OF:	tei el	J(XV)
	hearl failuro, astl injury or camplic ANT	nenia, elc. II means alion which caused ECEDENT CAUSES	the disease, death.)	Out Cen	a consequence of: curselect + Cece Por	tei er	eunain
	hearl failuro, asil injury or camplic ANT DISEASES OR	nenia, etc. II means alion which caused ECEDENT CAUSES CONDITIONS, if	the disease, death.)	DIJE TO OP AS	A CONSEQUENCE OF:  COLE PS  A CONSEQUENCE OF:	tei Cl	eunains
	hearl failuro, asil injury or camplic ANT DISEASES OR	nenia, etc. II means alion which caused ECEDENT CAUSES CONDITIONS, if bove cause (A)	the disease, death.)	Out Cen	a consequence of: curselect + Cece Por	tei Cl Q Brit	eunain (?)
	hearl failure, asiliniury or camplic  ANT  DISEASES OR  rise to the a	nenia, etc. II means alion which caused ECEDENT CAUSES CONDITIONS, if bove cause (A) ONDITION last.	the disease, death.)	Out Cen	A CONSEQUENCE OF:  COLE POLICE  A CONSEQUENCE OF:	tei el e Ant	(?)
NC	hearl failure, asilinjury or camplic ANT DISEASES OR rise la lhe a UNDERLYING C	nenia, etc. II means alion which caused ECEDENT CAUSES CONDITIONS, if bove cause (A) ONDITION last.	the disease, death.) any, giving stoling the	Out Cen	A CONSEQUENCE OF:  COLE POLICE  A CONSEQUENCE OF:	tei el e Ant	(?)
Ě	heart failure, astiniury or camplic  ANT  DISEASES OR rise to the a  UNDERLYING C  OTHER SIGNIFICAL  TO THE DEATH BI	nenia, etc. II means of the course of the co	any, giving sloling the	Out Cen	A CONSEQUENCE OF:  COLE POLICE  A CONSEQUENCE OF:	tei er e Ant	(?)
Ě	hearl failure, asilinjury or complic  ANT  DISEASES OR rise to the a  UNDERLYING C  OTHER SIGNIFICATO  TO THE DEATH BI DISEASE OR CONE	nenia, etc. II means of the course of the course of the course (A) on DITION (A).  II TO NOTITIONS COURTIONS COURTION SO THE COURTINE TO THE C	any, giving stating the NTRIBUTING HE TERMINAL IT 1 (A).	(B) DUE TO, OR AS (C) MORA (C) MORA (C) COLOR	A CONSEQUENCE OF:  COL POR  A CONSEQUENCE OF:  LITERATION	e Brita	(?)
Ě	hearl failure, asilinjury or complic  ANT  DISEASES OR rise to the a  UNDERLYING C  OTHER SIGNIFICATO  TO THE DEATH BI DISEASE OR CONE	nenia, etc. II means of the course of the co	any, giving sloting the NTRIBUTING HE TERMINAL TI (A).	(B) DUE TO, OR AS (C) MORA (C) MORA (C) COLOR	A CONSEQUENCE OF:  COLE POLICE  A CONSEQUENCE OF:	Colors  Colors	(?)  RE FINDINGS CONSIDERED CAUSES OF DEATH?
ERTIFICATION	hearl failure, asilinjury or camplic  ANT  DISEASES OR rise la line a  UNDERLYING C  OTHER SIGNIFICA  TO THE DEATH BI DISEASE OR CONE  19A-DATE OF OP	nenia, etc. II means alian which caused ECEDENT CAUSES CONDITIONS, if bove cause (A) ONDITION last.  II NOT CONDITIONS COUT NOT RELATED TO TO DITION GIVEN IN PARERATION 198. CONWAS PER	any, giving slaling the NTRIBUTING HE TERMINAL IT I (A).	(c) Due to, or as	A CONSEQUENCE OF:  COL POR  A CONSEQUENCE OF:  A CO	IN CERTIFYING	CAUSES OF DEATH?
CERTIFICATION	hearl failure, asiliniury or camplic  ANT  DISEASES OR rise la lhe a UNDERLYING C  OTHER SIGNIFICAT TO THE DEATH BI DISEASE OR CONE 19A-DATE OF OP.  21A-ACCIDENT VOR CONTRIBUTIN	ienio, etc. Il means olion which caused ECEDENT CAUSES CONDITIONS, if bove cause (A) ONDITION last.  II NI CONDITIONS CO JI NOT RELATED TO T ONTION GIVEN IN PAR ERATION 198. CON WAS PER VAS UNDERLYING G CAUSE OF	any, giving sloling the NTRIBUTING HE TERMINAL IT (A).  DITION FOR VERNED	(B) DUE TO, OR AS  (B) DUE TO, OR AS  (C) PAPER  WHICH OPERATION  PLACE OF INJURY league, forms, factory, steet, or	A CONSEQUENCE OF:  COL POR  A CONSEQUENCE OF:  LITERATION	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFICATION	hearl failure, asilinjury or camplic  ANT  DISEASES OR rise la line a  UNDERLYING C  OTHER SIGNIFICA  TO THE DEATH BI DISEASE OR CONE  19A-DATE OF OP	ienio, etc. Il means olion which caused ECEDENT CAUSES CONDITIONS, if bove cause (A) ONDITION last.  II NI CONDITIONS CO JI NOT RELATED TO T ONTION GIVEN IN PAR ERATION 198. CON WAS PER VAS UNDERLYING G CAUSE OF	any, giving slaling the NTRIBUTING HE TERMINAL IT I (A).	(B) DUE TO, OR AS  (B) DUE TO, OR AS  (C) PAPER  WHICH OPERATION  PLACE OF INJURY league, forms, factory, steet, or	A CONSEQUENCE OF:  COL PSC  A CONSEQUENCE OF:  20A. AUTOPSY? I'VES OF N	IN CERTIFYING	CAUSES OF DEATH?
CAL CERTIFICATION	hearl failure, asiliniury or camplic  ANT  DISEASES OR rise la lhe a UNDERLYING C  OTHER SIGNIFICAT TO THE DEATH BI DISEASE OR CONTE 19A-DATE OF OP.  21A-ACCIDENT V OR CONTRIBUTIN DEATH (notify med	ienio, etc. Il means olion which caused ECEDENT CAUSES CONDITIONS, if bove cause (A) ONDITION last.  II NI CONDITIONS CO JI NOT RELATED TO T ONTION GIVEN IN PAR ERATION 198. CON WAS PER VAS UNDERLYING G CAUSE OF	any, giving stating the MTRIBUTING HE TERMINAL IT 1 (A). DITION FOR VERNED	(B) DUE TO, OR AS  (B) DUE TO, OR AS  (C) PAPER  WHICH OPERATION  PLACE OF INJURY league, forms, factory, steet, or	A CONSEQUENCE OF:  COL PSC  A CONSEQUENCE OF:  20A. AUTOPSY? I'VES OF N	IN CERTIFYING (	CAUSES OF DEATH?
MEDICAL CERTIFICATION	hearl failure, asilinjury or camplic  ANT  DISEASES OR rise la lihe a  UNDERLYING C  OTHER SIGNIFICAT  TO THE DEATH BI DISEASE OR CONE 19A-DATE OF OP.  21A, ACCIDENT V OR CONTRIBUTIN DEATH (notify med.)  21D.TIME (M.)	renia, etc. II means of the mea	any, giving sloling the NTRIBUTING HE TERMINAL IT I (A).  OTHER OF THE TERMINAL IT I (A).  OTHER OF THE TERMINAL IT I (A).  White the terminal it is a second of the terminal it is a seco	WHICH OPERATION  PLACE OF INJURY I.e.g., form, factory, street, or injury occurred like A1 Not White	A CONSEQUENCE OF:  COL POLICY  A CONSEQUENCE OF:  20A. AUTOPSY? IVes or N  in ar about 21C, WHERE DID  ffice bidg, INJURY OCCUR?	IN CERTIFYING (	CAUSES OF DEATH?
MEDICAL CERTIFICATION	hearl failure, asilinjury or complic  ANT  DISEASES OR rise to the a UNDERLYING C  OTHER SIGNIFICAT TO THE DEATH BI DISEASE OR CONIC  19A.DATE OF OP.  21A. ACCIDENT V OR CONTRIBUTIN DEATH (notify med 21D.TIME (M. OF INJURY LAPPROX.)	ienia, etc. II means of the mea	any, giving sloling the NTRIBUTING HE TERMINAL IT I (A).  OTHER OF THE CONTROL OF	WHICH OPERATION  PLACE OF INJURY I.e.g., form, factory, street, or injury occurred like A1 Not Whith At Work	A CONSEQUENCE OF:  COL POLICY  A CONSEQUENCE OF:  20A. AUTOPSY? IVes or N  in ar about 21C, WHERE DID  ffice bidg, INJURY OCCUR?	IN CERTIFYING (If In Baltin	nore City, give exact lacotion)
MEDICAL CERTIFICATION	hearl failure, asilinjury or complic  ANT  DISEASES OR rise to the a UNDERLYING C  OTHER SIGNIFICAT TO THE DEATH BI DISEASE OR CONIC  19A.DATE OF OP.  21A. ACCIDENT V OR CONTRIBUTIN DEATH (notify med 21D.TIME (M. OF INJURY LAPPROX.)	renia, etc. II means of the mea	any, giving sloling the NTRIBUTING HE TERMINAL IT I (A).  OTHER OF THE CONTROL OF	WHICH OPERATION  PLACE OF INJURY I.e.g., form, factory, street, or injury occurred like A1 Not Whith At Work	A CONSEQUENCE OF:  COL POLICY  A CONSEQUENCE OF:  20A. AUTOPSY? IVes or N  in ar about 21C, WHERE DID  ffice bidg, INJURY OCCUR?	IN CERTIFYING (If In Baltin	CAUSES OF DEATH?
MEDICAL CERTIFICATION	hearl failure, asilinjury or complic  ANT  DISEASES OR rise to the a UNDERLYING C  OTHER SIGNIFICATION TO THE DEATH BIT DISEASE OR CONDITION 19A-DATE OF OP.  21A- ACCIDENT VOR CONTRIBUTIN DEATH (notify med 21D-TIME (MO OF INJURY IAPPROX.)  22. I certify tha	ienia, etc. II means of the mea	any, giving stating the MTRIBUTING HE TERMINAL IT 1 (A).  OTHER TERMINAL IT 1 (A).	WHICH OPERATION  PLACE OF INJURY I.e.g., form, factory, street, of the control of	A CONSEQUENCE OF:  COL POR  A CONSEQUENCE OF:  A CO	IN CERTIFYING (If In Baltin	Sept 1 19 7
MEDICAL CERTIFICATION	hearl failure, asilinjury or camplic  ANT DISEASES OR rise la line a UNDERLYING C  OTHER SIGNIFICAT TO THE DEATH BI DISEASE OR CONE 19A-DATE OF OP.  21A-ACCIDENT V OR CONTRIBUTIN DEATH (notify med 21D-TIME OF INJURY IAPPROX.)  22. 1 certify that that (i) (we) los	ienia, etc. II means of the mea	any, giving slaling the MTRIBUTING HE TERMINAL IT 1 (A).  CHAUN 21E.  White World attended the dailye on	WHICH OPERATION  PLACE OF INJURY le.g., form, factory, street, of the last war which he deceased from	A CONSEQUENCE OF:  COL POLICY  A CONSEQUENCE OF:  A	JURY OCCUR?	nore City, give exact lacotion)
MEDICAL CERTIFICATION	hearl failure, asilinjury or camplic  ANT DISEASES OR rise la lihe a UNDERLYING C  OTHER SIGNIFICA TO THE DEATH BI DISEASE OR CONE 19A-DATE OF OP.  21A. ACCIDENT V OR CONTRIBUTIN DEATH (notify med 21D.TIME OF INJURY IAPPROX.)  22. I certify that that (i) (we) las and haur and fro	ienia, etc. II means of the mea	any, giving slaling the MTRIBUTING HE TERMINAL IT 1 (A).  CHAUN 21E.  White World attended the dailye on	WHICH OPERATION  PLACE OF INJURY le.g., form, factory, street, of the last war which he deceased from	A CONSEQUENCE OF:  COL POR  A CONSEQUENCE OF:  A CO	JURY OCCUR?	Supt 1973
MEDICAL CERTIFICATION	hearl failure, asilinjury or camplic  ANT DISEASES OR rise la line a UNDERLYING C  OTHER SIGNIFICAT TO THE DEATH BI DISEASE OR CONE 19A-DATE OF OP.  21A-ACCIDENT V OR CONTRIBUTIN DEATH (notify med 21D-TIME OF INJURY IAPPROX.)  22. 1 certify that that (i) (we) los	ienia, etc. II means of the mea	any, giving slaling the MTRIBUTING HE TERMINAL IT 1 (A).  CHAUN 21E.  White World attended the dailye on	WHICH OPERATION  PLACE OF INJURY le.g., ie, form, factory, street, or injury occurred he deceased from	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  20A. AUTOPSY? IT'es at N  in at about 21C, WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN  19 and t  riew the bady after death.	IN CERTIFYING (If In Baltin	Sept 1 19 7
MEDICAL CERTIFICATION	hearl failure, asilinjury or complic  ANT  DISEASES OR rise to the a UNDERLYING C  OTHER SIGNIFICAT TO THE DEATH BI DISEASE OR CONTE 19A.DATE OF OP.  21A. ACCIDENT V OR CONTRIBUTIN DEATH (notify mer 21D.TIME OF INJURY LAPPROX.)  22. 1 certify tha that (i) (we) las and haur and fro 23A. SIGNATURE	ienia, etc. II means of the mea	any, giving slaling the MTRIBUTING HE TERMINAL IT 1 (A).  CHAUN 21E.  White World attended the dailye on	WHICH OPERATION  PLACE OF INJURY le.g., ie, form, factory, street, or injury occurred he deceased from	A CONSEQUENCE OF:  COLUMN AND THE STATE OF T	IN CERTIFYING (If In Baltin	Supt 1973
MEDICAL CERTIFICATION	hearl failure, asilinjury or complic  ANT  DISEASES OR rise to the a UNDERLYING C  OTHER SIGNIFICAT TO THE DEATH BI DISEASE OR CONTE 19A.DATE OF OP.  21A. ACCIDENT V OR CONTRIBUTIN DEATH (notify mer 21D.TIME OF INJURY LAPPROX.)  22. 1 certify tha that (i) (we) las and haur and fro 23A. SIGNATURE	ienia, etc. II means of the mea	any, giving slaling the MTRIBUTING HE TERMINAL IT 1 (A).  CHAUN 21E.  White World attended the dailye on	WHICH OPERATION  PLACE OF INJURY Ie.g., form, factory, street, or injury occurred he deceased from the	A CONSEQUENCE OF:  COLUMN AND THE STATE OF T	JURY OCCUR?	Supt 1973
MEDICAL CERTIFICATION	hearl failure, asilinjury or camplic  ANT DISEASES OR rise la lihe a UNDERLYING C  OTHER SIGNIFICA TO THE DEATH BI DISEASE OR CONE 19A-DATE OF OP.  21A. ACCIDENT V OR CONTRIBUTIN DEATH (notify med 21D.TIME OF INJURY IAPPROX.)  22. I certify that that (i) (we) las and haur and fro	ienia, etc. II means of the mea	any, giving slaling the MTRIBUTING HE TERMINAL IT 1 (A).  CHAUN 21E.  White World attended the dailye on	WHICH OPERATION  PLACE OF INJURY Ie.g., form, factory, street, or injury occurred he deceased from the	A CONSEQUENCE OF:  COL PSECUENCE OF:  A CONSEQUENCE OF:  20A. AUTOPSY? IVes or No in or about 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN ond the price of the bidg after death.  21F. How Director	IN CERTIFYING (If In Baltin	Supt 1973
MEDICAL CERTIFICATION	hearl failure, asilinjury or camplic  ANT  DISEASES OR rise la lihe a UNDERLYING C  OTHER SIGNIFICAT  TO THE DEATH BI DISEASE OR CONE  19A-DATE OF OP.  21A. ACCIDENT V OR CONTRIBUTIN DEATH (notify med  21D. TIME OF INJURY IAPPROX.)  22. I certify that that (i) (we) las and haur and fro  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	ienia, etc. II means of the mea	any, giving slaling the MTRIBUTING HE TERMINAL IT 1 (A). DITION FOR VEORMED  (Haun) 21E. White White Head allive on ted abave. (I	WHICH OPERATION  PLACE OF INJURY le.g., or lee, form, factory, street, or link at Wark he deceased from the deceased fro	A CONSEQUENCE OF:  COL POLICY  A CONSEQUENCE OF:  A	IN CERTIFYING (  (If In Baltin  JURY OCCUR?  19 2 ta  hat In (my) (  Shoff Phys.   Fees tack	Sept 1973  pinian death accurred on the d  23B. DATE SIGNED  Sept 1/1972
MEDICAL CERTIFICATION	hearl failure, asilinjury or complic  ANT  DISEASES OR rise to the a UNDERLYING C  OTHER SIGNIFICAT TO THE DEATH BI DISEASE OR CONTE 19A.DATE OF OP.  21A. ACCIDENT V OR CONTRIBUTIN DEATH (notify mer 21D.TIME OF INJURY LAPPROX.)  22. 1 certify tha that (i) (we) las and haur and fro 23A. SIGNATURE	renia, etc. II means of the mea	any, giving slaling the MTRIBUTING HE TERMINAL IT 1 (A). DITION FOR VEORMED  (Haun) 21E. White White Head alive on ted abave. (I	WHICH OPERATION  PLACE OF INJURY Ie.g., ie., form, factory, street, of the deceased from  (We) (did nat) which deceased from (	A CONSEQUENCE OF:  COL POLICY  A CONSEQUENCE OF:  A	IN CERTIFYING (  (If In Baltin  JURY OCCUR?  19 2 ta  hat In (my) (  Shoff Phys.   Fees tack	Supt 1973
MEDICAL CERTIFICATION	hearl failure, asilinjury or camplic  ANT  DISEASES OR rise to the a UNDERLYING C  OTHER SIGNIFICATO TO THE DEATH BE DISEASE OR CONTENT 19A-DATE OF OP.  21A-ACCIDENT VOR CONTRIBUTION DEATH (notify med 21D-TIME (MO OF INJURY LAPPROX.)  22. I certify that that (i) (we) lase and haur and from 23A-SIGNATURE  23G-PHYSICIAN'S NAME (Type)  BURIAL CREMAIL	renia, etc. II means of the mea	any, giving slaling the MTRIBUTING HE TERMINAL IT 1 (A). DITION FOR VEORMED  (Haun) 21E. White White Head alive on ted abave. (I	WHICH OPERATION  PLACE OF INJURY le.g., or lee, form, factory, street, or link at Wark he deceased from the deceased fro	A CONSEQUENCE OF:  COL POLICY  A CONSEQUENCE OF:  A	IN CERTIFYING (  (If In Baltin  JURY OCCUR?  19 2 ta  hat In (my) (  Shoff Phys.   Fees tack	Sept 1973  pinian death accurred on the d  23B. DATE SIGNED  Sept 1/1972
MEDICAL CERTIFICATION	hearl failure, asilinjury or camplic  ANT  DISEASES OR rise to the a UNDERLYING C  OTHER SIGNIFICATION TO THE DEATH BI DISEASE OR CONTINUE 19A-DATE OF OP  21A-ACCIDENT VOR CONTRIBUTIN DEATH (notify med 21D-TIME (MO) TIME (MO) 12D-TIME (MO) 12D-TIME (MO) 22A-SIGNATURE  23C-PHYSICIAN'S NAME (Type)  BURIAL CREMAN REMOVAL (Speci	renia, etc. II means of the mea	any, giving slaling the NTRIBUTING HE TERMINAL IT 1 [A).  CHAUTH 21E, White World at the dalive on ted abave. (I	WHICH OPERATION  PLACE OF INJURY le.g., or lee, form, factory, street, or link at Wark he deceased from the deceased fro	A CONSEQUENCE OF:  COL PS  A CONSEQUENCE OF:  20A. AUTOPSY? IVes or N  in or about 21C. WHERE DID  ffice bidg., INJURY OCCUR?  21F. HOW DID IN  21F. HOW DID IN  23D. ADDRESS  COL No.  EMATORY  24D.	IN CERTIFYING (  (If In Baltin  JURY OCCUR?  19 22 ta hat In (my) (  Stoff Phys.   LOCATION (  Constitution)	pinian death accurred on the death accurred
MEDICAL CERTIFICATION	hearl failure, asilinjury or camplic  ANT  DISEASES OR rise to the a UNDERLYING C  OTHER SIGNIFICATION TO THE DEATH BI DISEASE OR CONTINUE 19A-DATE OF OP  21A-ACCIDENT VOR CONTRIBUTIN DEATH (notify med 21D-TIME (MO) TIME (MO) 12D-TIME (MO) 12D-TIME (MO) 22A-SIGNATURE  23C-PHYSICIAN'S NAME (Type)  BURIAL CREMAN REMOVAL (Speci	renia, etc. II means of the mea	any, giving slaling the NTRIBUTING HE TERMINAL IT 1 [A).  CHAUTH 21E, White World at the dalive on ted abave. (I	WHICH OPERATION  PLACE OF INJURY Ie.g., ie., form, factory, street, of the deceased from  OFFICE OF INJURY OCCURRED  INJURY OCCURRED  INJURY OCCURRED  INJURY OCCURRED  OFFICE OF INJURY OCCURRED  OFFICE OFFICE OF INJURY OCCURRED  OFFICE O	A CONSEQUENCE OF:  COL POLICY  A CONSEQUENCE OF:  A	IN CERTIFYING (  (If In Baltin  JURY OCCUR?  19 22 ta hat In (my) (  Stoff Phys.   LOCATION (  Constitution)	Sept 1973  pinian death accurred on the d  23B. DATE SIGNED  Sept 1/1972

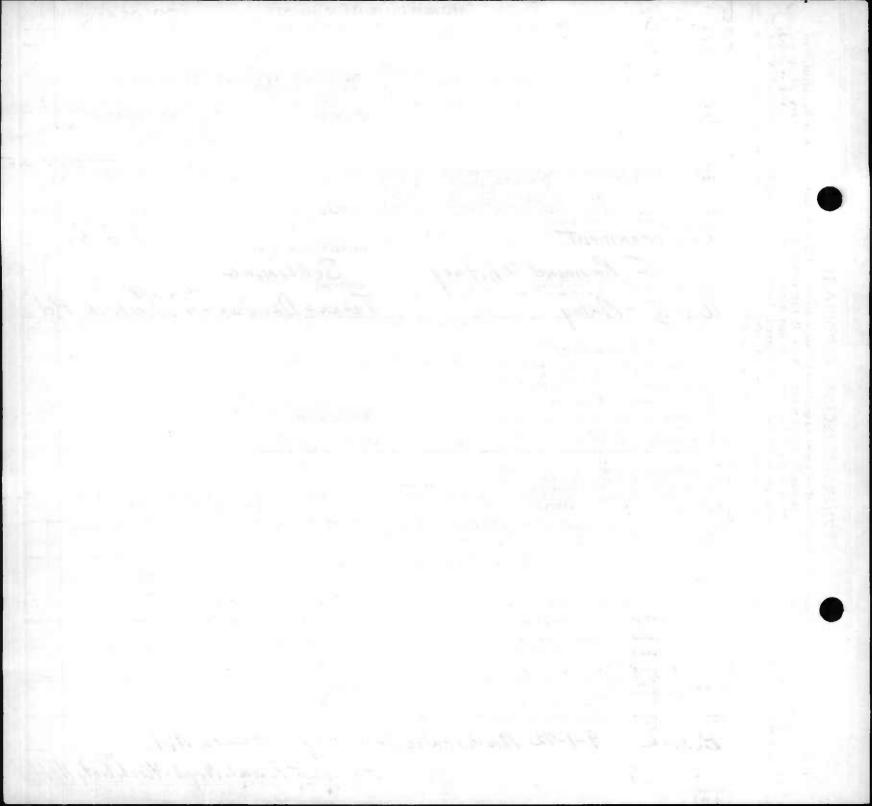


72 (84 1946)	
BALTIMORE CITY HE	
H-200 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 72 08417
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Knawn Month Doy Year Hour
EARD A. IEIID, OR.	DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD September 1, 1972 1:50 P.M.
Rear of 1129 N. Bentalou	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES NO
9. DATE OF BIRTH   10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
6/17/31   lost birthdoy)   Months, Doys, Hours, Min.	312 Mt. Holly Street
11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF  WHAT SOUNTRY?	13. FATHER'S NAME
	Earl A Hayes, Sr
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)  Laborer	15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)  Ves  WW Z	Mrs Ella Mae Toliver, Same
19. / / CAUSE OF DEA	
1 4 / 2 4 1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterio	osclerotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE (	
(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, Injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AN A GOTTOLOGICAL OT.
Z UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W.	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
0	yes
₹22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E INJURY OCCURRED	e bldg., etc.) INJURY OCCUR?
	22F. HOW DID INJURY OCCUR?
	WHILE
23.	
I certify that I held an Inquiry Inspection Au	topsy 🗵 ond that on this basis, death in my opinion
resulted fram: Natural couses 🗵 / Accident 🔲 Suicid	
	CHIEF MEDICAL EXAMINER
ACTUAL VI A 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ASSISTANT MEDICAL EXAMINER
SIGNATURE MICHAEL	
EXAMINER'S NAME (Type) Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER 49/2/72
24A. BURIAL CREMATION, 24B. DAJE , 24C. NAME of CEMETERY	
	Cemetry Baltimore, Md
SEP 5 1972 258. NAME OF REGISTRAR	Adolphus Halstead 1206 W North Av
VS 151-REV. 1/1/68	A=4-4-4

## FUNERAL DIRECTOR: IMPORTANT

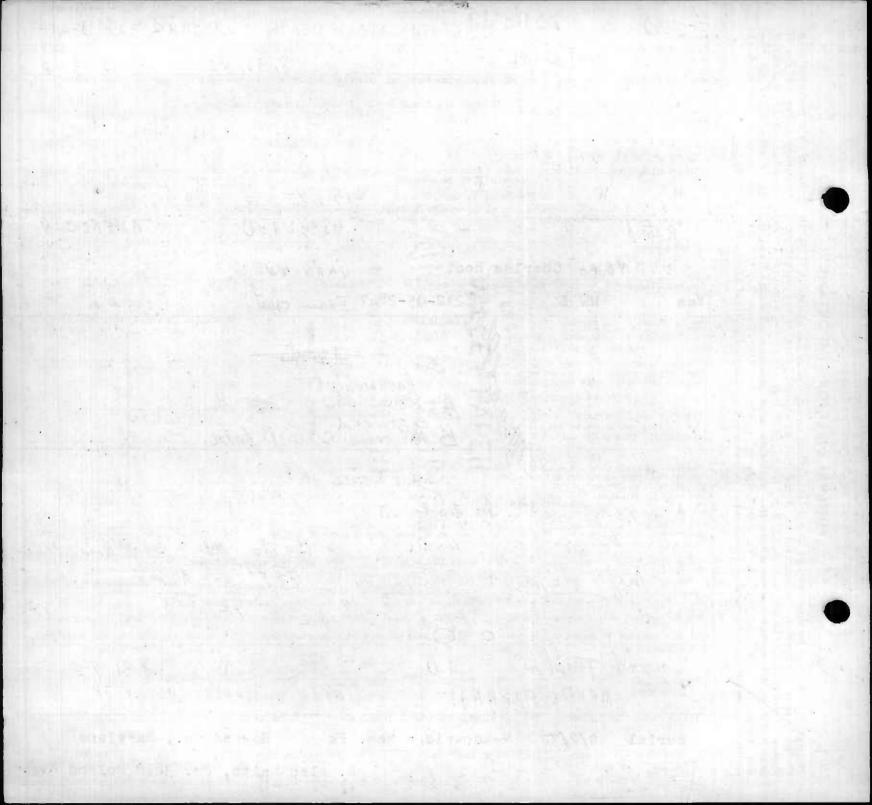
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11)	BALTIMORE CITY	HEALTH DEPARTMENT	P	70 00110
DIKITI NO.	8418 CERTIFICA	TE OF DEATH	REG. NO.	POE MARYLAND-DEVE
(Type of Print) Whitney.	Noble F	2. DATE AND	29/72	155 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE P.	RONOUNCED DEAD	4. USUAL RESIDENCE (WHOM	deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYL		284
MARYCAND E		C. CITY OR TOWN	D. INS	YES NO NO
4.9		E. STREET AND NUMBER		
78		3808	GWYN	
M W WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	02-27-09	ost birthdayl	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KII done, during most of working life, even if refired)		11. BIRTHPLACE (State or foreig	in country)	12 CITIZEN OF WHAT COUNTRY?
U.S. GOVERNMENT	Refixed	ma.		21. S. D.
13. FATHER'S NAME	f 1	14. MOTHER'S MAIDEN NAM	IE .	
G. KAYMOND	Whitney		ING	No september 1
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (if yes, give war or dates of se		17. INFORMANT	# 0	31228 ADDRESS
WWTI -HRMY	CAUSE OF DEAT	YOANNA WAVI	dson - 4/	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		7) 11	70	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(ANIMMEDIATE CAU	se leval tai	lure	+ 2 cells
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	DUE TO OP AS	A CONSEQUENCE OF:		1
injury or complication which caused death.		ti Nouto	Fallung	Ollerain
ANTECEDENT CAUSES	(B) DUE TO, OR/AS	A CONSEQUENCE OF:	annix	of carone
DISEASES OR CONDITIONS, if any, isse to the above cause (A) stating	Bramilia Adminiation	A CONSEQUENCE OF	disont	the lo Vinoria
UNDERLYING CONDITION last.	(c) Tundo	My orgo car	MOXIM	and anime
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING	,	V	
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	IINAL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  194-DATE OF OPERATION 198-CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A-AUTOPSYZ (Yes or No.)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B PLACE OF INJURY le.g., i home, form, factory, street, of elc.)	n of about 21 C. WHERE DID Fice bidg. INJURY OCCURY	(II in Beltimo	re City, give exact location)
210-TIME IMonth) (Doy) (Year) (House		21F. HOW DID INJU	INT OCCUR?	
(APPROX)	Work Not While At Work	•□		
22. I certify that (1) (this hospital) atten	ided the deceased from		9 72 to K	7 29 19 72-
that (1) (we) last sow the deceased aliv	e on 8/29		it in (my) (our) opi	nion death occurred on the dota
and hour and from the causes stated obe	ove. (1) (We) (did) (did not) v	lew the body efter death.		
23A. SIGNATURE	nm? Atte	nding - Med	Stoff D	23R, DATE SIGNED
23C. PHYSICIANS		Med. Director  23D. ADDRESS	Phys.	8/47/12
23C. PHYSICIAN'S NAME (Type) A BRUCKE	ER M.D.	MDGEN	· HOSA	
24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify)	DEGREE 24C. NAME of CEMETERY OF CR			ity, town, or county) (State)
BURIAL 9-1-72	MeadowRideel	Tome teru	BALto 1	11
	AME OF-REGISTRAR	25C. FUNERAL DIRECTOR	- 11. 40, 11	ADDRESS
SEP 5 1972 Tondrey	whorton	ARMACOST KUN	reyal Chapel	- 46004 berty Hohts
VS 150-REV. 1/1/68	7 7 2 0		-	



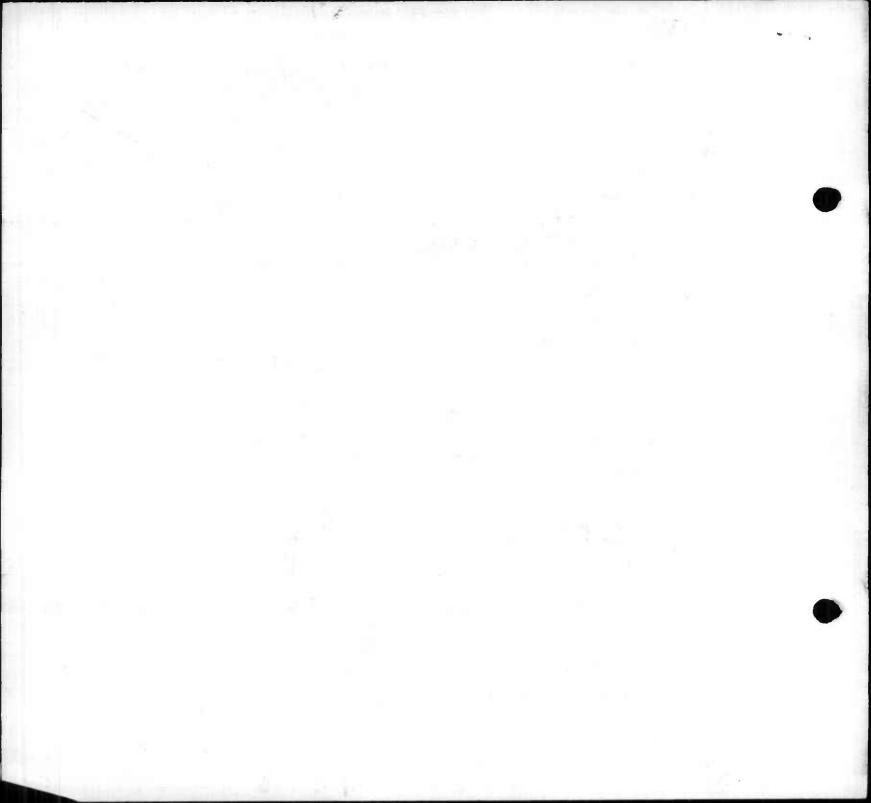
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH cause of death (4) Undetermined cause; (5) Deceased Such INAME OF DECEASED 2. DATE AND HOUR OF DEATH Hooi (Type or Print) LO a hospital death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? attend 0 NJON MEMORIAL HOSPITA NO prior E. STREET AND NUMBER contributing occurred GLAND regular is mad 9. AGE (In years If Under 1 Yr. B. DATE OF BIRTH If Under 24 Hrs. MARRIED NEVER MARRIED deceased Doys Hours lost birthdoy) WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired) AN Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the UNKNOWN Charles Hoot UNKNOWN (Yes, no or unknown) (If yes, give wor or dates of service) 00 death ADDRESS final ance U. 11 A. any APPROXIMATE INTERVAL CAUSE OF DEATH pronounced 0 DISEASE OR CONDITION DIRECTLE BETWEEN ONSET AND DEATH attend embalmed LEADING TO DEATH

(This does not mean the mode of dying exhect failure, asthenia, etc. It means the seasingury or complication which coused death.) (A) IMMEDIATE CAUSE fracture DUE TO, OR AS A CONSEQUENCE OF regular neumonia ANTECEDENT CAUSES who are OR AS A CONSEQUENCE OF DUE TO. DISEASES OR CONDITIONS, if the obove couse (A) (stating) rise to physician remains UNDERLYING CONDITION lost. chief medical OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERM HAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) before the 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 1198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 9A. DATE OF OPERATION the WAS PERFORMED 0 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exomine) 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, factory, street, office bldg., INJURY QCCUR? (If in Boltimore City, give exact location O where to the hospital °Z MEDICAL tome any nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While (APPROX.) A! Work and 22. I certify that (1) (this haspital) attended the deceased fram. that (1) (we) last sow the deceased alive an and that in(my) (our) opinion death occurred an the date 0 hospital death) and hour and fram the couses stated obove. (1) (We) (did) (did nat) view the body after death. must An accident 23A. SIGNATURE 23B. DATE SIGNED Attending [ Staff Phys. Director 0 pproval 0 23D. ADDRESS 23C. PHYSICIAN'S prior at NAME (Type) UNTON MEMORIAL was D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Stote) eceased (City, town, or county) 0 the body REMOVAL (Specify) written Co., Maryland Meadowridge Mem. Pk Howard Burial 25C. FUNERAL DIRECTOR 25A, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR Alan Seitz, Jr. 3818 Roland Ave. VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

- 1		
	- FUD WO COADO -	TY HEALTH DEPARTMENT 72 08420
	J. 140.	ATE OF DEATH  STATE OF MARYLAND DHANK
	(Type of Print) CONNELLY My DATE	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD	18./29/72 9-45 P/7  M. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
		A. STATE B. COUNTY
1	FULL NAME OF HOSPITAL OR (IF NOT IN HOSPITAL OR (NSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN ID. INSIDE CITY LIMITS?
-	Church Mone & Mospilal	BALT YES NO [
3	5 Boltzman. Md. 21231	E. STREET AND NUMBER
	5. SEX 6. RACE 7. ALADRICA TANANA	434N MIGHLAND AVE 21224
	5. SEX 6. RACE 7. MARRIED 1. NEVER MARRIED WIDOWED DIVORCED 1.	8. DATE OF BIRTH  9. AGE (In years If Under 1 Yt. If Under 24 Hrs. Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	
	done during most of working life, even it retired)	MD, AMER
1	13. FATHER'S NAME Shane & Deaven	14. MOTHER'S MAIDEN NAME
	COLEMAN CONNELLY	MARYELLEN WALSH
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no on unknown) (If yes, give wer or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
1	213 03 5/21	GOSETHINE CONNELLY 439 N
	18. 4/2 4   CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	P -1:
	This does not meen the mode of dving en (A) IMMEDIATE CA	A CONSEQUENCE OF:
	hearl failure, oslhenia, etc. It meons the disease, injury or complication which coused death.)	,
	ANTECEDENT CAUSES	progression - luft
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stoling the	S A CONSEQUENCE OF:
	UNDERLYING CONDITION last, (c)	ting Joilune. ASCVD. Cirrionis.
	z II	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	DISEASE OR CONDITION GIVEN (N PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1	20A-AUTOPSYZ (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	WAS PERFORMED	
	OR CONTRIBUTING CAUSE OF home, farm, foctory, street, o	in or about 21 C. WHERE DID (If In Boltimore City, give exact location)
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While AI Not While	21F. HOW D(D INJURY OCCUR?
	TOTAL — AT WORK	
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on	20 /2 21
	and hour and from the couses stated above. (1) (We) (did) (did not)	29/19-22 and that In(my) (our) opinion death occurred on the date
	23A- SIGNATURE	view the body after death.
I		ending Med. Staff
	23C. FHYSICIAN'S NAME (Type) DADMARAL MANE (Type)	23D. ADDRESS
	L. 1900 10 10 10 39. 71.0	CHurch Home , Hosp.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	
	Burial 9/2/72 Gardens of Fai	th Cemetery Baltimore, Maryland
	25A. DATE RECD BY HEALTH PERT. 25B. NAME OF REGISTRAR	25G. FUNERAL DIRECTOR John J. Moran, Inc. ADDRESS 3000 E. Baltimore St.
-11	- U DIE NOONNINKERREN O	A SUUU C. Daltimore at.



## IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and VS 150-REV, 1/1/68

1	BALTIMORE CITY	HEALTH DEPARTMENT	ma 004935
520 72 084	121 CERTIFICA	TE OF DEATH	OF MARYLAND-DHMH
1. NAME OF DECEASED (Type or Print)  LYONS, C	Lara M.	2. Date and hour of death 3:39 8/	30/72 3:39 a.m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL O	R INSTITUTION, GIVE STREET	Maryland	603
HOSPITAL OR ADDRESS OR LOCATION	)		IDE CITY LIMITS?
33		Baltimore E. STREET AND NUMBER	AES K NO
The Johns Hopkins Ho	ospital	223 N. Maderia Street	-
S. SEX   6. RACE   7. AA	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Dam = 1 - 0	DOWED DIVORCED	8/1/08   lost birthdoy  64	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B.		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Stone (Lenk	Regal Empire	Manyland	USA
3. FATHER'S NAME	7 01	14. MOTHER'S MAIDEN NAME	
Thomas J. Oliff		Mary Scates	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no arunknown) (If yes, give war or dates of	16. SOCIAL	17. INFORMANT	ADDRESS
No	SECURITY NO.	Mr. William V. Lyons 22	3 N. Maderia St.
18.40000 4 171	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTI	Y		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Cardiovuscular callapsu	5 mm
(This does not mean the mode of dyin heart failure, astheria, etc. It means the	g, e.g., DUE TO, OR AS disease,	A CONSEQUENCE OF:	
injury or complication which caused death			
ANTECEDENT CAUSES	(B) Carda	opulmanary arrest to Mou	sschatur 10 haus
DISEASES OR CONDITIONS, if any, rise to the above couse (A) sloti	• •	a consequence of:	
UNDERLYING CONDITION Iasl.	(c)		
Z OTHER SIGNIFICANT CONDITIONS CONTRIB	OUTING O		
O OTHER SIGNIFICANT CONDITIONS CONTRIB		ble breast carculama (B)	2 years
DISEASE OR CONDITION GIVEN IN PART 1 (A 19A, DATE OF OPERATION WAS PERFORM 21A, ACCIDENT WAS UNDERLYING	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	
THE STATE OF THE S		NO	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, factory, street, of	ffice bldg., INJURY OCCUR?	e City, give exoct location)
DEATH (notify medical examiner)	etc.)		
OF INJURY (Month) (Doy) (Year) (Ho	While At Not While	21F. HOW DID INJURY OCCUR?	
(APPROX.)	Work At Work		
22. 1 certify that (1) (this hospital) att		8/24 19.12 to	8 30 19 12
that (1) (we) last sow the deceased old	ve on 8 30	19 72 ond that In(my) (our) opl	nion deoth occurred on the dat
and hour and from the causes stated a	bove, (( (We) (did) (dld not) v	lew the body ofter deoth.	
23A. SIGNATURE	41. 7	Mad — Suff —	23 B, DATE SIGNED
Author (K) augum	OEGREE Phy		8 30 12
Renneth L. Ba	aughman. M.D.	The Johns Hopkins Ho	osnital
24A. BURIAL CREMATION, 248. DATE	OEGREE		ity, town, or county) (State)
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 9/12/72	Oak Lawn (emete		
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR John A. Mora	0
SEPS 1972 Toucher	Morrow	John 37. 3000 E. Baltim	ore St.
VIII WILL		1300000.20000	

Md. 27224

Pullimore,

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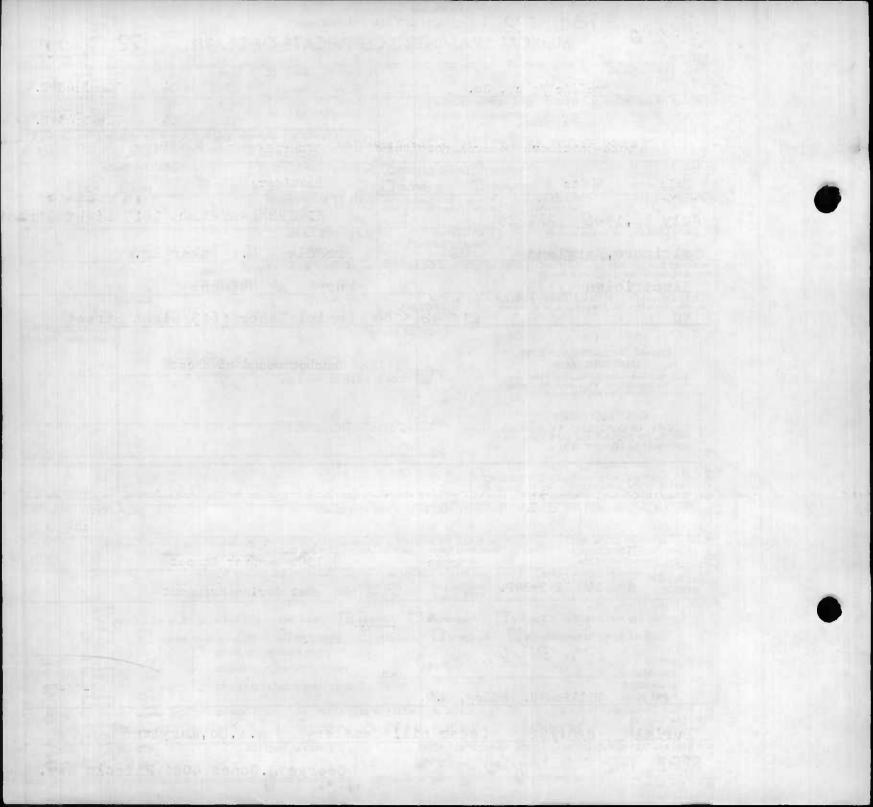
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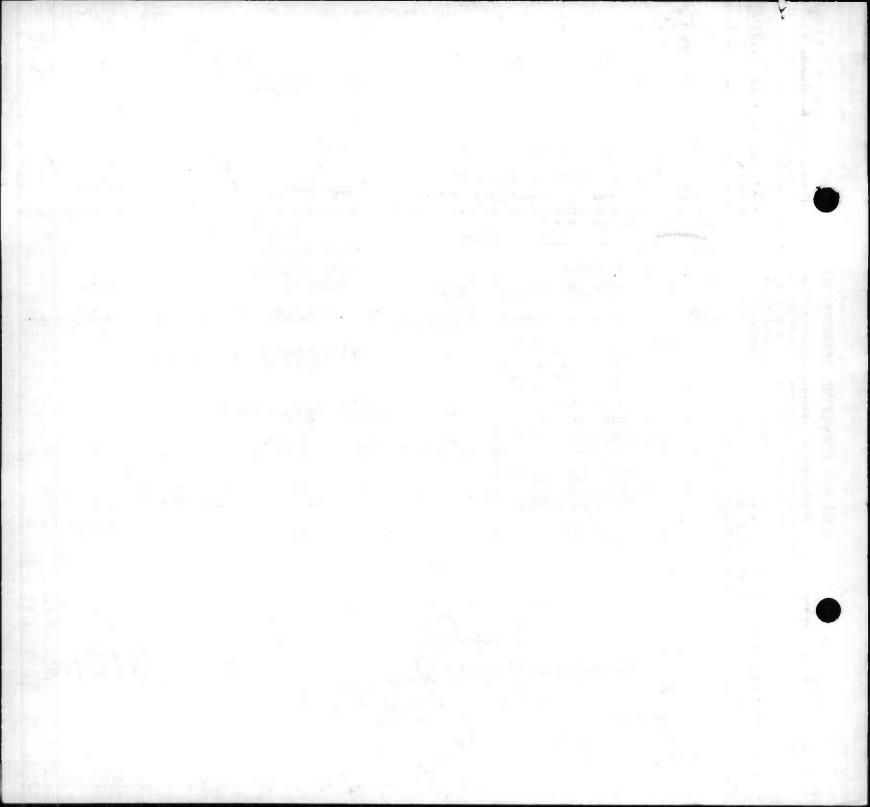
8-25-72 NAME (Type) William P. Mulloy, MAD 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Cedar Hill Cemetery Burial A.A.Co.Maryland 25A. DATE REC'D BY HEALTH DEPLY 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR SWEWIN George J. Gonce 4001 Ritchie Hwy. VS 151-REV. 1/1/68



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

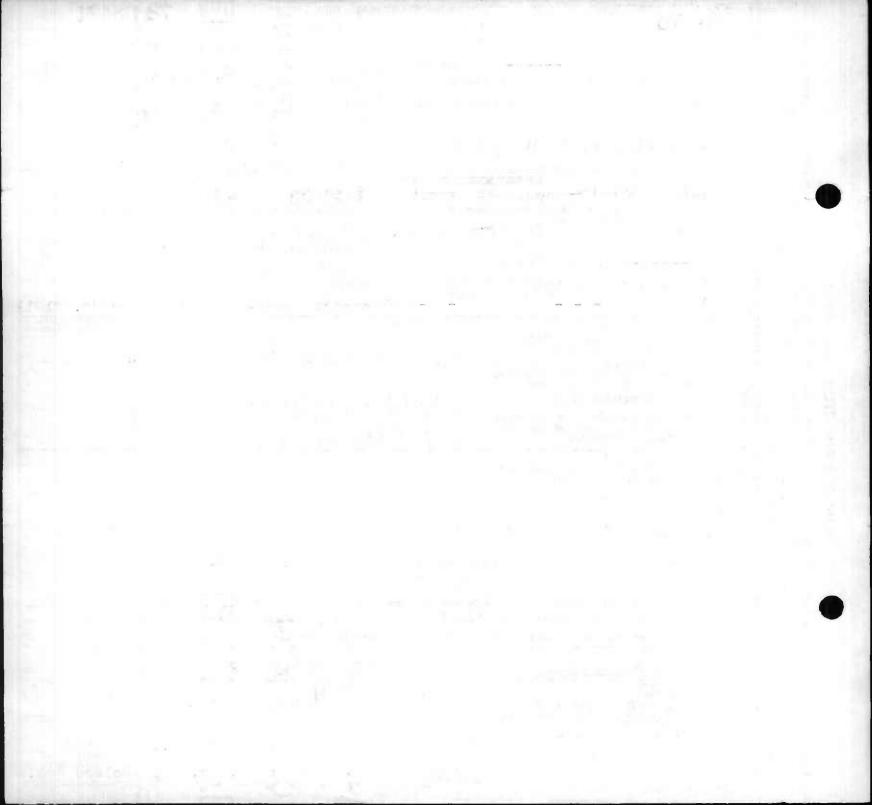
77) 770 00	BALTIMORE CITY	HEALTH DEPARTMENT	Page	2 08423
W-500 72 08	CERTIFICA	TE OF DEATH	REG. NO.	C U0420
1. NAME OF DECEASED	1-1 0 7	2. DATE AND	OUR OF DEATH	A BURALIAND-DHEAT
3. PLACE IN BALTIMORE, MARYLAND, WHERE P.	Tabel Jo.	Usual sesipence interest	131172	1/0120 Am.
STEACE IN BALIMORS MARIEAND, WHERE P	KONGONCED DEAD	A. STATE B. COUNTY	ceased lived, 11 institu	ition: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland		we 2/48
INSTITUTION		C, CITY OR TOWN		CITY LIMITS?
Maryland Genera	0 Habr-+1.0	E. STREET AND NUMBER	YE	S NO
(/	riosp, cac	1123 Rau	ulelewood	d Rd. spt. A
H W WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	6/2//90/ 1051	7/	Under 1 Yr. If Under 24 Hrs. anths Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at fareign o	country) 1:	2. CITIZEN OF WHAT COUNTRY?
Housewife	home	Maryla	ud	U.S.A.
13. FATHER'S NAME	Home	14 MOTHER'S MAIDEN NAME	/	01.70
Clarence M. Lloyd		Edith Wheeler		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give war or dates af ser	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, na or unknown) (If yes, give war or dates of ser	/-			
no   18, 44, 2, 2, 3, 6, 8	CAUSE OF DEAT	66 Mr. Charles Llo	vd Bradshav	v & Hillside Rd.
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	n		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH		SE Asbiratio	in alalan	1
(This does not mean the mode of dying,	Que TO, OR AS	A CONSEQUENCE OF:	1) of you	211
heart failure, asthenia, etc. It means the dis injury or complication which caused death.)	ease,		Λ ,	
ANTECEDENT CAUSES	Pulm	onary op	oloma	
DISEASES OR CONDITIONS, if any,		A CONSEQUENCE OF:	9011	
rise to the above cause (A) storing UNDERLYING CONDITION last.	the Cor	apotive 1	sport Fo	.;/
1	(6)		7.5.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
DISEASE OF CONDITION GIVEN IN PART 1 (A)	***************************************			***************************************
19A-DATE OF OPERATION 19R CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20	B. IF YES, WERE FIND I CERTIFYING CAUSES	INGS CONSIDERED
OP CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(If In Baltimara Cit	y, give exact location)
DEATH (notily medical examiner)	elc.)	ince pidg-liktokt OCCOK!		
21D.TIME (Manth) (Day) (Year) (Have	21 E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
APPROX.)	While At Work At Work	• [		
22. I certify that (I) (this hospital) attend		8/22- 10-	72 10 86	2/ - 2/
that (I) (we) last saw the deceased alive		***************************************	10	3/ 19.72
	2 1	/	((my) (our) apinian	death accurred an the date
and have and from the causes stated abo- 23A-SIGNATURE /	ve([])(We) (did) (did nat) v	lew the bady after death.		
1011-211	/ L O Affe	nding Med. Staff	. /	DATE SIGNED
23C PHYSICIANS	EMI / / DEGREE Phys	Director L. Phys	لكر.	0/3/1/2
23C. PHYSICIAN'S NAME (Type)	VYUN, M.D	. Maryland 6	Teyeral f	tospital 1
24A. SURIAL CREMATION, 24B. DATE 24B. PATE 24B. DATE 24B	IC. NAME OF CRE	MATORY 24D. LOCA	TION (City, to	own, at county) (State)
Burial 9/5/72	Parkwood Cemete	ry Balti	more	Maryland
	ME-OF REGISTRAL	25C. FUNERAL DIRECTOR		ADDRESS
SEP 5 1972 Thouse	month of the	Lassehn: Fureral	Home 71.07	Rolain Dood
VS 150-REV. 1/1/68			TANKE TANKE	THE ROAD



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

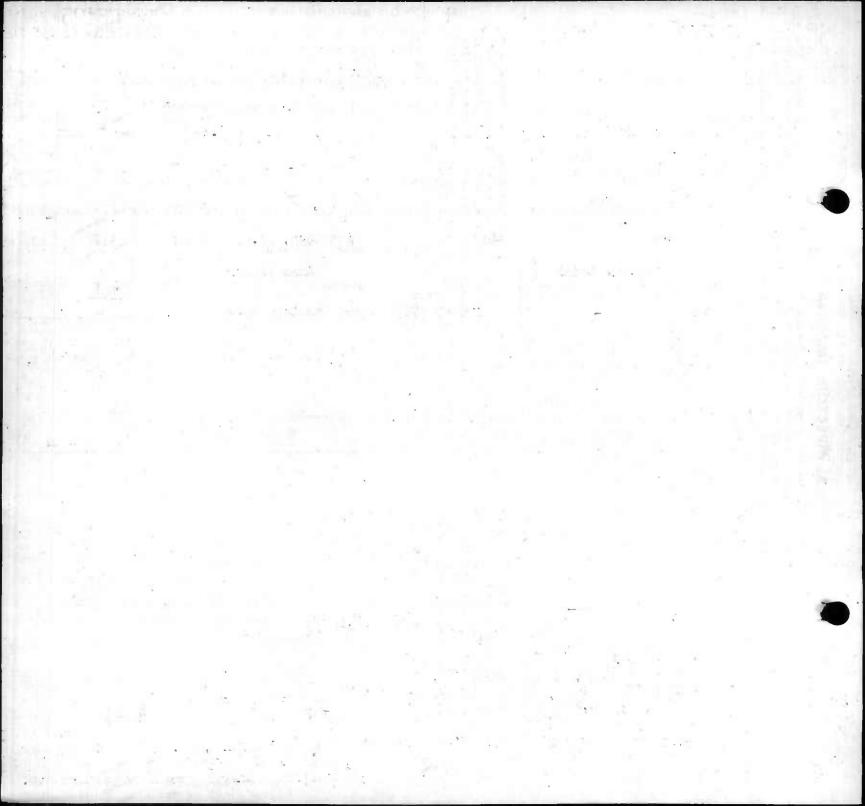
VS 150-REV. 1/1/68

1			BALTIMORE CITY	HEALTH DEPARTMEN	(T	72 08424
1) -520 BIRTH NO.		0842	4 CERTIFICA		FT F TF P W	OF MARYLAND-DHMH
Type or Print	OWNS, E		Clamanaa		E AND HOUR OF DEAT	H C 621
	MORE MARYLAND, W			LA USUAL RESIDENCE	2/27/72 (Where deceased lived, If	institution: residence before admission)
					YTHUOS A. 2.	1342
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITU ATION)	UTION, GIVE STREET	CCITY OR TOWN	. –	VSIDE CITY LIMITS?
NOTITUTION				Baltimo		YES NO
Union M	(emorial	Hosp	ital	E. STREET AND NUME	torling AV.	21211
5. SEX 6.	White	VIDOWED]	TOTAL CONTROL OF THE PROPERTY	1909	9. AGE (In yours lost birthdoy)	Months Doys Hours Min.
	ATION (Give kind of work rking life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumber		Langei	Melter Co.	Marylo	and	U, SM
13. FATHER'S NAME			· · · · · · · · · · · · · · · · · · ·	14. MOTHER'S MAIDE	NAME	
ankas	James	Downs		unknow	n.	
15. Was Deceased E	ver in U. S. Armed For f yes, give war or date	ces!	16. SOCIAL	17. INFORMANT		ADDRESS
No -		a or sorrico	217-05-549	Behnett Do	wns-831 Wel	llington St. 21211
CThis does not heart failure, as injury or compil AN DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COT 19A. DATE OF OUT 19A. DATE OUT 19A. DATE OF OUT 19A. DATE OF OUT 19A. DATE OF OUT 19A. DATE OUT 19A. DATE OF OUT 19A. DATE OF OUT 19A. DATE OF OUT 19A. DATE OUT 19A. DATE OF OUT 19A. DATE OUT 19A. DATE OF OUT 19A. DATE OF OUT 19A. DATE OF OUT 19A. DATE OUT 19A. DA	OR CONDITION DIEADING TO DEATH mean the mode of the mo	dying, e.g., the disease, death.)  any, giving stating the contribution of the terminal triple in the contribution for the terminal triple in the contribution for the terminal triple in the contribution for the contribu	(e) Unchi for Due to, or as  (c) I Le  WHICH OPERATION  PLACE OF INJURY (e.g., or form, foctory, street, or form)	fer entiates A CONSEQUENCE OF:  Lt lung    20A AUTOPSY? (Yes) In or about   21 G. WHERE E fifice bldge   INJURY OCCI		
(APPROX.)		We	ile At Work	• 🗆		
ond hour and	est saw the decease	ed alive an		1972 0	nd that in (my) (our)	72 19 72 ppinian death occurred on the date
23A. SIGNATURI H. S 23C. PHYSICIAN NAME (Typ	ho cair	>	IT.D. Ath	ending Med. Director	Staff Phys.	238, DATE SIGNED
H. S	hocair SHOC	= AZR	IT.D. AMPhy DEGREE ND DEGREE	ending Med. Director  23D. ADDRESS  Union Hen	□ Stoff © Phys. © Lorial K->p	ntal Baltimore Hd
H. S 23G. PHYSICIAN NAME (Typ HAW	ho care  ho care  S HO (  ATION, 24B, DATE  ecity)  9/2/7	A7 R   24C, N	17.D. AMPhy	ending Med. Director  23D. ADDRESS  Union Hen  EMATORY	Shoff R	



ate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	as released to the hospital by a medical examiner. Also, if the direct or contributing cause of death n accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	roval must be obtained before the remains are embalmed or tinal disposition is made.
This certificate must be	the body was released to shows: (1) An accident o	was D.O.A. at a hospita	deceased prior to death	Written approval must b

	E CITY HEALTH DEPARTMENT	72 08425
72 08425 CERTIF	ICATE OF DEATH	HARYLAND DIEM
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
Fenstermacher. Mi	ARGAREY 8-29-7	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	A CONTRACTOR OF THE PARTY OF TH
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION) INSTITUTION	IIC. CITT ON TOWN	nore IDE CITY LIMITS?
HAMilton NURSING CENTER	BALLIMORE 21221	YES NO NO K
HAM: HON NURSING CONCER 6040 HARford Rd.	507 Wooks Lane	
5. SEX 6. RACE 7. MARRIED NEVER MARRIE	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
F W WIDOWED DIVORCE	lost birmaby)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk Store	Kutztown, Pa.	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	UD/S
Nervin Smith	Anna Benner	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
No 196 03 970	John Fenstermacher S	ame
18. 24 CAUSE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		BETWEEN GRAET AND DEATH
LEADING TO DEATH	TE CAUSE Mullimonia	(week
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	OR AS A CONSEQUENCE OF:	
injury or camplication which caused death.)	,	
I many or compression many consecutive		
ANTECEDENT CAUSES		
ANTECEDENT CAUSES	OR AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving DUE 10, rise to the above cause (A) stoling the	OR AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving DUE TO, rise to the above cause (A) stoling the UNDERLYING CONDITION tast. (C)	OR AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving DUE TO, rise to the above cause (A) stoling the UNDERLYING CONDITION tost.  (C)	OR AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving isse to the above cause (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Denility	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving inse to the above cause (A) stoling the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Denility  [20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE	FINDINGS CONSIDERED
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving inse to the above cause (A) stoling the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Semility	FINDINGS CONSIDERED USES OF DEATH?
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ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving DUE TO, rise to the above cause (A) stoling the UNDERLYING CONDITION tost.  (C)	Soully  20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
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DISEASES OR CONDITIONS, if ony, giving ise to the above cause (A) stoling the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING home, form, foctory, sheeld, of INJURY OF INJURY (A PPROX.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY (A PPROX.)  22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on	20A. AUTOPSY? (Yes or No.)  20B. IF YES, WERE IN CERTIFYING CA IN CERTIFYI	re City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving ise to the above cause (A) stoling the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. thjury Occurre of Injury (APPROX.)  22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on and hour and from the causes stated above. (H) (We) (did) (did) 23A. SIGNATURE	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE IN CERTIFYING CA  (1 (e.g., in or obout) 21C. WHERE DID reet, olfice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	USES OF DEATH?  The City, give exact location)  The City, give exact location and location are location as a location are
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving nise to the above cause (A) stoling the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTION OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21A. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY (APPROX.)  22B. Teertify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on and hour and from the causes stated above. (H) (We) (dtd) (dtd.)  23A. SIGNATURE	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE IN CERTIFYING CA  (1 (e.g., in or obout) 21C. WHERE DID reet, olfice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	USES OF DEATH?  The City, give exact location)  The City, give exact location and location are location as a location are
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ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving nise to the above cause (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on and hour and from the causes stated above. (I) (We) (did) (did 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	Security  20A. AUTOPSY? (Yes or No.)  20B. IF YES, WERE IN CERTIFYING CA IN CERTIFYING CA IN CERTIFYING CA  ((e.g., in or obout) 21C. WHERE DID  (If in Boltimor Can in Company of the Com	USES OF DEATH?  The City, give exact location)  The City, give exact location  The City of
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving nise to the above cause (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  190. Date of Operation 190. Condition for which Operation was performed (A) Disease or Condition Given in Part I (A).  191. Condition for which Operation Or Contributing Cause of Death (notily medical examine)  21A. ACCIDENT WAS UNDERLYING (Hour) 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE (A) PPROX.)  22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on and hour and from the causes stated above. (H) (We) (did) (did 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) (DEGREE NAME (Ty	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA (e.g., in or obout 21C. WHERE DID (If in Boltimor reet, office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	USES OF DEATH?  The City, give exact location)  The City, give exact location  The City of the City
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving nise to the above cause (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on and hour and from the causes stated above. (I) (We) (did) (did 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE IN CERTIFYING CA  (1e.g., in or obout) 21C. WHERE DID (1f in Boltimor in While in Work)  21F. HOW DID INJURY OCCUR?	USES OF DEATH?  The City, give exact location)  The City of th
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving nise to the above cause (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  190. Date of Operation 190. Condition for which Operation was performed (A) Disease or Condition Given in Part I (A).  191. Condition for which Operation Or Contributing Cause of Death (notily medical examine)  21A. ACCIDENT WAS UNDERLYING (Hour) 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE (A) PPROX.)  22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on and hour and from the causes stated above. (H) (We) (did) (did 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) (DEGREE NAME (Ty	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE IN CERTIFYING CA  (1e.g., in or obout) 21C. WHERE DID (1f in Boltimor in While in Work)  21F. HOW DID INJURY OCCUR?	USES OF DEATH?  The City, give exact location)  The City, give exact location  The City of the City



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embaimed or final disposition is made.

		HEALTH DEPARTMENT		72 08426
D-165 72 08426	CERTIFICA	TE OF DEATH	REG. NO.	OF HARLIAND LINE
1. NAME OF DECEASED			D HOUR OF DEATH	OF SEPTEMBER 1
(Type or Print) SIFFRIN CA	THEN INE L	. 8	79.72	1 112 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONE		4. USUAL RESIDENCE (When	deceased lived. If	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT	TITION CIVE STREET			) 70)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  ADDRESS OR LOCATION)	IN HOW CLAE 21KEEL	C. CITY OR TOWN	In IN	SIDE CITY LIMITS?
11-4		BAT	J	YES NO
Md. General H	osp.	E. STREET AND NUMBER		
		4509 WEN 2	EL AVE.	
SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
WIDOWED	DIVORCED	9-19-91	ost birthdoy)	Months Doys Hours Min.
OA. USUAL OCCUPATION  Give kind of work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE   State or foreign	n country!	12. CITIZEN OF WHAT COUNTRY
lone during most of working life, even if retired)				182
housewife 3. FATHER'S NAME	at home	Md.	A.E.	(1001)
		THE MOTHER'S MAIDER HAN		
William Comegvs		Louise K	urtz	
5. Was Deceased Ever in U. S. Armed Forces? (es,no ar unknown) (If yes, give war ar dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
no	1213094506	Esther Rei	d (sister)	same as above
18. 128.9 4- 2 51.9	CAUSE OF DEATH		(02002)	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEAT
LEADING TO DEATH			1 +	
(This does not mean the mode of dying, e.g.,	A. American proposition	SE contro responso	mess	
heart failure, asthenia, etc. it means the disease.	DUE 10, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.)				
ANTECEDENT CAUSES	(0)	2 e mai a		
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION last.				
The state of the s	(c)		*****	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	dress	nia mellitus		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		e when worth	miles	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	208 IE VEE WERE	FINDINGS CONSIDERS
WAS PERFORMED	demais	Town William Strain	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B OR CONTRIBUTING CAUSE OF home		or obout 21C. WHERE DID	(If in Boltimo	ere City, give exect location)
C DEATH (notify medical avenue)	ne, farm, factory, street, of	ice bldg. INJURY OCCUR?	in in somme	any, give exect locoiton;
OF INJURY	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	ile At Not While			
22. I certify that ( (this hospital) attended t	he deceased from	8-6	12 10	0-79 1077
that ( (we) last sow the deceased alive on_	8 -7 .9	***************************************		19
		ond the	t In (my) (our) op	Inlan death occurred on the dat
and hour and from the causes stated above.	(We) (did) (did not) v	lew the body ofter deoth.		
23A. SIGNATURE				238 DATE SIGNED
Wit Douglesle	Am VIII Phone	nding Med. S	haff hys.	9-29-72
23C.PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	,	
IA BURIAL CREMATION DAR DATE		MOH		
REMOVAL (Specify) 24B, DATE 24C.N.	AME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (C	ity, town, or county) (State)
	arkwood Cemeter	y	Baj to.	Md.
	OF REGISTEAR	25C. FUNERAL DIRECTOR		ADDRESS
CEBE 1079 - June Austr	MAKEN	Schimunek Fun	eral Hama	T
39 500 REV. 1/1/88	900 9072	1 1 0 0		
	1	i en en	Lane, B	alto. Md. 21213

4509 NEITZEL AVE

and

a haspital

		HEALTH DEPARTMENT		72 08921
0-420 72 0	8427 CERTIFICA	TE OF DEATH	REG. NO.	NE WARYTAND-DHMB
I. NAME OF DECEASED			D HOUR OF DEATH	2
(Type or Print) MONROE H. S	CHLOSS		30, 1972	12,40 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceosed lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION INSTITUTION	R INSTITUTION, GIVE STREET	MARYLAND  C. CITY OR TOWN	D INSI	DE CITY LIMITS?
HIGHFIELD HOUSE, APT. 14	402	BALTIMORE	0.11131	YES NO NO
4000 N. CHARLES STREET		E. STREET AND NUMBER		
		4000 N. CHAF	RLES STREET,	APT. 1402
5. SEX 6. RACE 7. M.	ARRIED NEVER MARRIED	8. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
MALE WHITE WIL	DOWED DIVORCED	2/19/1898	74	
OA. USUAL OCCUPATION (Give kind of work 108, 1 lone during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY
NAMEN AND MAKE CUTIVE	CLOTHING	BALTIMORE, MA	ARYLAND	USA
3. FATHER'S NAME	GHOTHING	14. MOTHER'S MAIDEN NAM		0010
JONAS SCHLOSS		RENEE HEINE	EMAN	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of s	Service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS APT. 1402
YES W.W. I NAVY		MRS. SARAH SCHLO	OSS. 4000 N.	CHARLES STREET,
injury ar camplicolian which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stolia UNDERLYING CONDITION last.	giving DUE TO, OR AS	A CONSEQUENCE OF	ceroma life mouth	ap. Sep. 1971
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A	MINAL	***************************************		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMS		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If In Baltimore	e City, give exact location)
O 210, TIME (Month) (Day) (Year) (Hor	ur) 21E. INJURY OCCURRED While At Not While	21 F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	Work At Work			
(APPROX)	Work At Work		971 to &	130 1072
22. I certify that (I) (this hospital) atte	work At Work	p. 5 1	97/ to 8,	/30 1977
22. I certify that (I) (this hospital) attethat (I) (We) last saw the deceased ali	work At Work	p. 5 1	9 <b>1</b> ta <b>8</b> , it in(my) (aur) apir	30 1977
22. I certify that (I) (this hospital) atte that (I) (We) last saw the deceased ali and haur and fram the causes stated al	work At Work	p. 5 1	9 <b>11</b> ta <b>8</b> It in(my) (aur) apir	nion deoth occurred on the dote
22. I certify that (I) (this hospital) atte that (I) (We) last saw the deceased ali	work At Work ended the deceosed fram Se ve an 8/3 0 bave. (1) (We) (did) (Hd nor) v	19 72 and the lew the body after death.	971 ta E., it in(my) (aur) apir	1977  nion death occurred on the date  23B, DATE SIGNED  8/30/72
(APPROX.)  22. I certify that (I) (this hospital) attention (I) (We) last saw the deceased aliand haur and fram the causes stated at 23A. SIGNATURE  Bocace 4. Cohomology.	work At Work ended the deceosed fram Se ve an 8/3 0 bave. (1) (We) (did) (did not) v	19 72 and the lew the body after death.	ot in(my) (aur) apir	nion deoth occurred on the dote
(APPROX.)  22. I certify that (I) (this hospital) attentiat (I) (We) last saw the deceased ali and haur and fram the causes stated at 23A. SIGNATURE  Boundard J. Coho.	work At Work ended the deceosed fram Se ve an 8/3 0 bave. (1) (We) (did) (Hd nor) v  Attemption DEGREE Phys	iew the body after death.	ot in (my) (aur) apin	23B, DATE SIGNED  8/30/72

BURIAL 8/3
25A. DATE REC'D BY HEALTH DEPT. BALTIMORE,
25C. FUNERAL DIRECTOR
SOL LEVINSON & BROS. PALTIMORE HEBREW

25B, NAME OF REGISTRAR 8131 MARYLAND ADDRESS BROS.,6010 REISTERSTOWN V\$ 150-REV. 1/1/68

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VS 150-REV. 1/1/68

1	1/	BALTIMORE CITY	HEALTH DEPAR	RTMENT		72 084	20		
	H-420 72 08428	CERTIFICA	TE OF DE	EATH	REG. NO.				
	I. NAME OF DECEASED			2. DATE AND	HOUR OF DEATH	F MARYLAND-	DHMH		
	(Type or Print) GUSSIE HEI		8/	30/72	1.5	- Du			
-	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROHOUNCE	4. USUAL RESID	B. COUNT		stitution: lesidence be	fore admission)			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	XXXXX	A 200	SHAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	NEW YORK	129			
П	ΙΝΣΠΤΟΠΟΝ		C, CITY OR TOW	TATIBA		DE CITY LIMITS?			
1	SINAI HOSP, OF BALT.	E. STREET AND	NUMBER		VENUE NO	<u> </u>			
		BXBXBXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
	S. SEX 6. RACE WHITE 7. MARRIED N WIDOWED XX	8. DATE OF BIRTI	3/94	AGE (In years post birthdoy) 78	If Under 1 Yr. If Months Days Ho	Under 24 Hrs. urs Min.			
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	11. BIRTHPLACE	State at foreig	n country)	12. CITIZEN OF WH	AT COUNTRY?			
	HOUSEWIFE AT HOME	CHICAGO	, ILLIN	IOIS	USA				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	SHAPIRO	SARAH ?							
		SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	APT. A 2		
	NO 09	5-14-0279 CAUSE OF DEATH	MRS. MART	IN L. S	TEIN,6603 F				
	BETWEEN ONSET AND DEATH								
	LEADING TO DEATH								
	hearl failure, asthenia, etc. It means the disease,								
	ANTECEDENT CAUSES  ARTERIOS CLEROTIC HT. DISESE								
	DISEASES OR CONDITIONS, if any, giving  (8)  DUE TO, OR AS A CONSEQUENCE OF:								
	rise to the obaye cause (A) stoling the								
	( )								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION (20A-AUTOPSY) (Yes of Noll 20B, IF YES, WEBF FINDINGS CONSIDERED								
	WAS PERFORMED  21A, ACCIDENT WAS UNDERLYING 1218 PLAC	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
		E OF INJURY (e.g., in m, foctory, street, offi	or about 21 C. WH	ERE DID OCCUR?	(If In Boltimore	City, give exoct locati	lon)		
	O 21D-TIME (Month) (Doy) (Year) (Hour) 21E INJU	JRY OCCURRED	21 F. HO	W DID INJU	RY OCCUR?				
	OF INJURY (APPROX.) While At	Not While							
	22. I certify that (4) (this hospital) attended the deceased from \$\\ \pi \) 1972 to \\ 8/30 1972								
	that (4) (we) last saw the deceased alive on \$\\ \frac{8}{30}\] 19 \\\ \frac{72}{2}\] and that \ln(\(\max_0\)) (our) apinian death occurred an the date								
	and have and from the causes stated above. (1) (He) (did) (did not) view the body after death.								
	23A. SIGNATURE 23B. DATE SIGNED								
	Attending   Med. Staff   8/30/2								
	23C. PHYSICIAN'S NAME (Type)  1 And SUNSHIE MAD SINAT HOSP. BALT MO.								
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of	DEGREE OF CREA		24D. LO	· 3 /2//	-, 1010.	10:11		
R	REMOVAL (Specify)	OOD CEMETER			NGDALE, L. I	, town, or county)  NEW YOR	(Stote)		
- 11	25A. DATE REC'D BY HEALTH DEPT. / 25B. NAME OF RE		25C. FUNERAL	DIRECTOR		ADDRES	S		
	SEP 5 1972 July 1871	none	SOL LEVI	INSON &	BROS.,6010	REISTERSOW	N ROAD		

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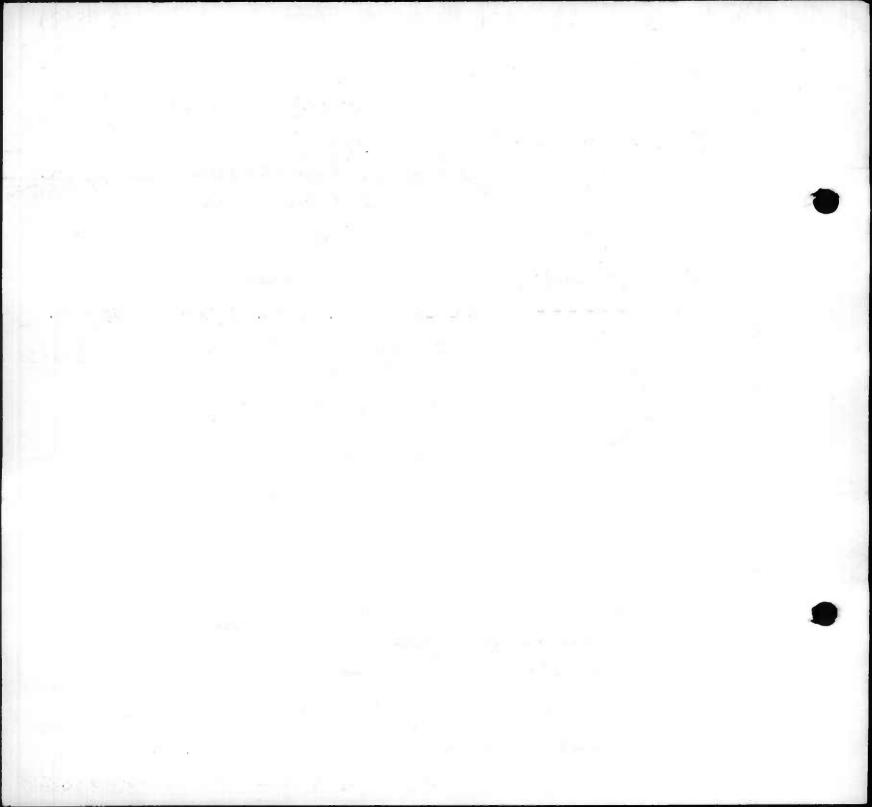
PIYCE PROIDE INFACTION

ANTENIOSE LENGTIC HT DISEASE

The Generaline MD IAN SUNSHINE HA. SINA HESI , 13HET, NIL.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	9-423 72 08	A D G BALTIMORE CITY	HEALTH DEPARTMENT	,	72 08429				
BIE	TH NO	CERTIFICA	TE OF DEATH	REG. NO.	TE OF MARYLAND-DEDIT				
1. f (Ty	NAME OF DECEASED	1	2. DATE AN	D HOUR DE DEATH	And the state of t				
3.		CONCUNCED DEAD	14 USUA RESIDENCE (Who	29// 2 "	nstitution: residence before admission)				
			A. STATE	MY MAN	nstitution: residence before admission)				
HC	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION		C.C.C.T.Y. OR YOWN  D. INSIDE CITY LIMITEST  YES NO						
	UNIVERSITY HOS								
-	38		E STREET AND NUMBER	-1.4					
5. 5	SEX   6. RACE /   7. MAD	RIED NEVER MARRIED	8. DATE OF BIRTH	ELING	114 Ridge Ave.				
	T W WIDO	WED DIVORCED		9. AGE (In years last birthday)	If Under 1 16 If Under 24 Hrs. Manths Doys Hours Min.				
10Å don	USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore		12. CITIZEN OF WHAT COUNTRY				
1	HOUSEWITE		Md.		U5A-				
36	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME					
	FRANK FROMM		Unknown						
S. Yes	Wes Deceased Ever in U. S. Armed Forces? s,na ar unknown) (If yes, give wor ar dates af serv	icei SECURITY NO.	17. INFORMANT		ADDRESS				
	No	212-40-1864		. Blockston	114 Ridde Ave.				
	18. 4 3 0 , 91	CAUSE OF DEATH	1 . //		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OCHNOID HO	MOARINGGO	ANDES					
	(This does not meon the made of dying, e.g., heort failure, asthenia, etc. It means the disease,								
	injury or complication which coused death.)								
	ANTECEDENT CAUSES  (B) FUPTURES HABURYSM (R) LOVE, CMP.								
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the								
	UNDERLYING CONDITION lost	(c)							
er i	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL							
KIILIC	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTDPSY? (Yes or No.	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B.PLACE OF INJURY (e.g., in home, farm, foctory, street, alf etc.)	or about 21 C. WHERE DID	(If In Baltimore	e City, give exact location)				
MEDI	21D.TIME (Month) (Day) (Year) (Haun) OF INJURY	21F. HOW DID INJU	JRY OCCUR?						
	(APPROX)								
	22. I certify that (A (this hospital) attended the deceased fram 8/23/72 19 to 5/29 19 22								
	that 🎁 (we) lost sow the deceased olive		19and tha	t in (65) (our) apir	nian death occurred an the date				
	and hour and from the causes stated above. (1) (We) (did) (1) view the body after death.								
	It July	Atten DEGREE Phys.	ding Med. Director	Staff Phys.	8/29/72				
	NAME (Type) J. N. Ziegler M.D. 23D. ADDRESS   HOSO, PD								
4A.	BURIAL CREMATION, 24B. DATE 246 REMOVAL (Specily)	DEGREE		CATIONY	y, tawn, or county) (Stote)				
	Burial 9-1-72	New (athedral (	emetery /	Baltimore, 1	Maryland				
SA	DATE REC'D BY HEALTH DEPT . 25B. NAA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS				
Ç 1	50-REV. 1/1/68	A A SILONIA	Moduly Funda	al Homes 23	7 Patapsco Av. 2122				
9 1	20-4FA 1/1/00								



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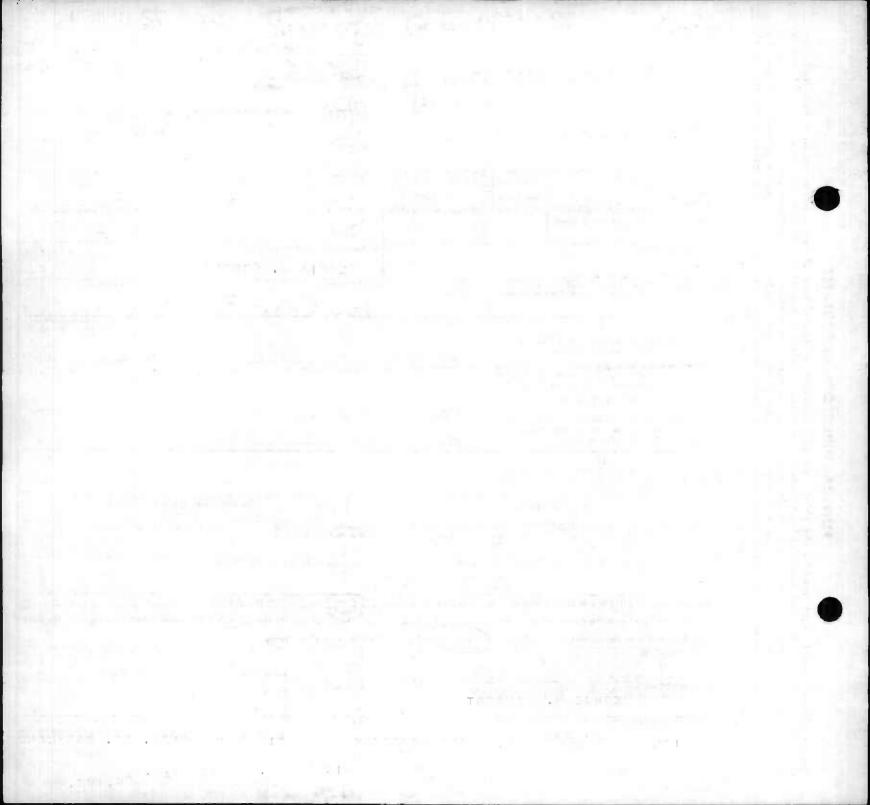
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BALTIMORE CITY HEALTH DEPARTMENT 08430 BIRTH NO. CERTIFICATE OF DEATH of death Deceased Such STATE OF MARYLAND-DHMR I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 5 6 HART ADHIdeath. USUAL RESIDENCE (Where deceased 3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD lived. If institution; residence before admission) attendance A. STATE & COUNTY contributing cause etermined cause; (5) FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 HOPKING HOSPITAL YES 🛛 NO AGRESTOWN prior E. STREET AND NUMBER 30 JEFFE (4) Undetermined in regular disposition is mad 6. RACE & DATE OF BIRTH 9. AGE Un years If Under 1 Y. Months: Days If Under 24 His. 5. SEX deceased MARRIED NEVER MARRIED T Hours lost birthdoy WIDOWED DIVORCED 2 N1117 to USUAL OCCUPATION Give kind of work JOB, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME GLORIA J. GORDON 15. Wes Deceased Ever in U. S. Armed Forces?
(Yes, no or unknowni (If yes, give war or dates of service) death 50 7. INFORMANT ADDRESS 6 SOCIAL or final SECURITY NO. attendance any APPROXIMATE INTERVAL CAUSE OF DEATH pronounced SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, aethenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF in regular who ANTECEDENT CAUSES (B).
DUE TO, OR AS A CONSEQUENCE OF: before the remains are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last Was burns; medical CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) any nature; (2) Body 208, IF YES, WERE PINDINGS CONSIDERED IN CERTIFYING ZAUGES OF DEATH? 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSYT (Yes or No) (except where the 21% PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, foctory, street, office bidg. INJURY OCCUR? 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exoct location) to the hospital 2 N MEDICAL DEATH (notify medical examined be obtained OF INJURY (Month) (Doy) (Year) Houd 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While approved While At (APPROX.) Work and 8/26 1972 19 72 10 22. I certify that (1) (this hospital) attended the deceased from 8/26 death); and that in (my) (our) opinion dooth accurred on the dote that (1) (we) last sow the deceased alive on. of hospital and hour and from the causes stated above. (W (We) (did) (did not) view the body after death. the body was released must shows: (1) An accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Staff Phys. Med. 0 Director L Phys. approval U 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior to GEORGE AMBERT HOSPITA JOHNS HOPKINS wds D.O.A. deceased p 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) 8/29/72 PARKHEAD CEMETERY BIG POOL WASH. CO. MARYLAND BURIAL 25A, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS RICHARD C GROVE HANCOCK, MD. VS 150-REV. 1/1/68



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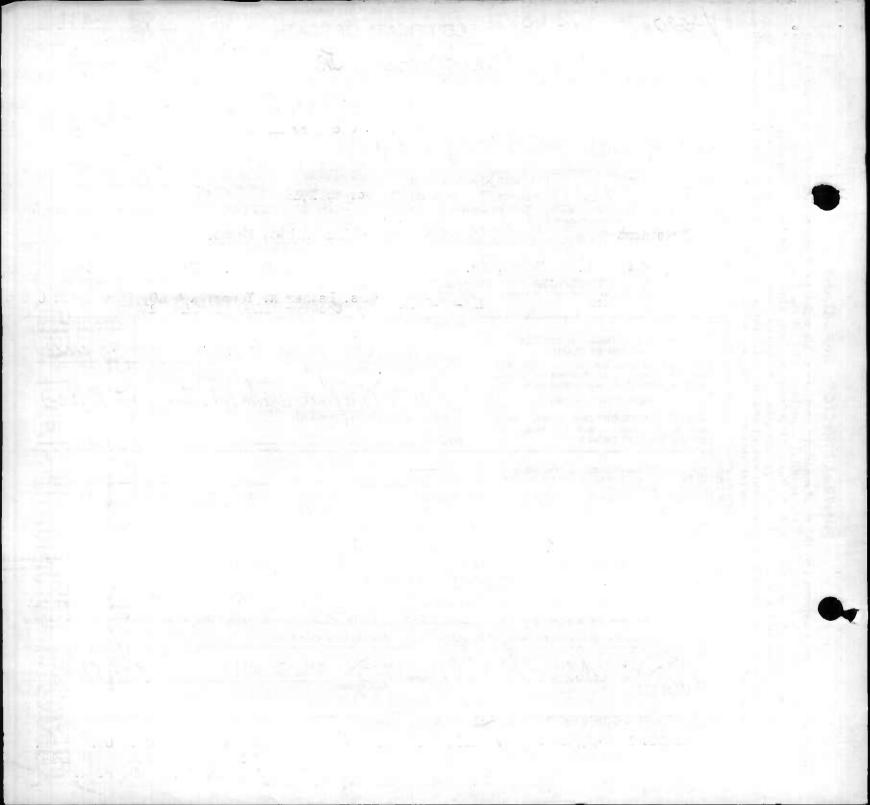
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BALTIMORE CITY HEALTH DEPARTMENT 72 08431 CERTIFICATE OF DEATH Such BIRTH NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) USUAL RESIDENCE (Where deceased lived, Il institution: residence STATE) B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD before pdmission) death Baltimore FULL NAME OF HOSMTAL OR INSTITUTION MF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONS D. INSIDE CITY LIMITS? 0 Cockeysville NOX prior is mad 9. AGE (In years last birthday) 5. SEX Il Under 1 Ya 8. DATE OF BIRTH If Under 24 Hrs. MARRIED NEVER MARRIED deceased Hours 6, WIDOWED DIVORCED 10A USUAL OCCUPATION Give kind of work 10B KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE IStale of foreign country! 12 CITIZEN OF WHAT COUNTRY? disposition done deging most of working life, even if retired) President Philadelphia, Penna, the 13. FATREES NAME 4. MOTHER'S MAIDEN NAME John 0. Young, Sr. Sarah W. Young (Roberts) Ou 15. Wee Deceased Ever in U. S. Armed Ferces?
(Yes no or unknown) Uf yes, give wor or dates of service)
No
None 17. INFORMANT final 8-03-7712 Mrs. Esther A. Young, Apt 4G, Sn Cockeysville, Maryland 21030 Snow Drift Court attendance APPROXIMATE INTERVAL 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) regular ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the UNDERLYING CONDITION last the remains MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOESTE (Yas or No! 20% IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 21& PLACE OF INJURY (e.g., in or obout 21G, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (if in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined obtained (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 215. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At **IAPPROXI** and Work At Work 22. I certify that (1) (this hospital) ottended the deceased from ond that in (my) (ox) opinion death occurred on the date that (I) (we) lost sow the deceased alive an\_ death) and hour and from the causes stated abave (1) (Ma) (did) (did not) view the body after death. must 23A. SIONATURE 23B. DATE SIGNED Stoff Attending Med. 0 Phys. Director L approval prior 23 D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION pespese (City, town, or county) (State) ENTOMBMENT 9/5/1972 LORRAINE PARK MAUSOLEUM WOODLAWN BALTO., CO. MD. 25C. FUNERAL DIRECTO 8728 Liberty Road ADDRESS 21133 25B NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. LORING BYERS TUNERAL DIRECTORS, P. A. VS 150-REV. 1/1/68



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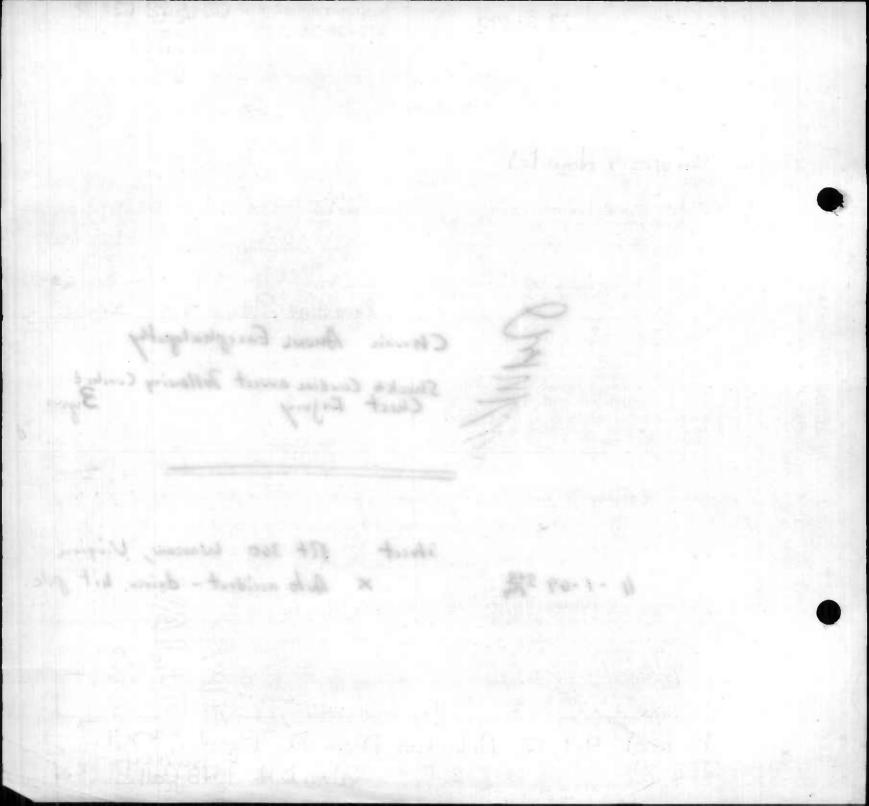
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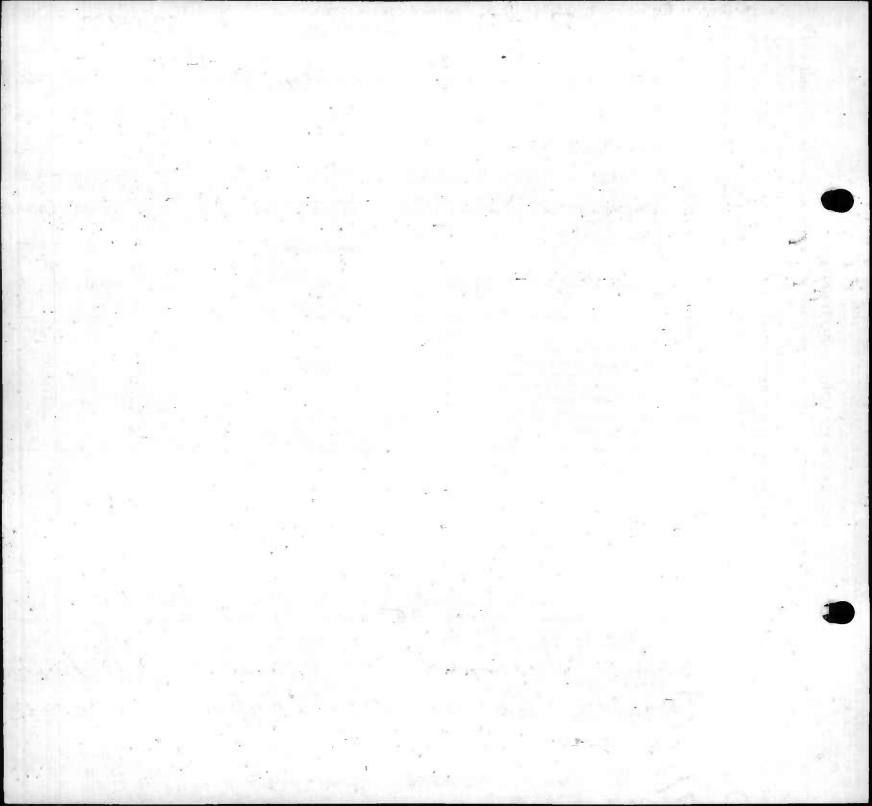
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BALTIMORE CITY HEALTH DEPARTMENT OF MARYLAND DHILL REG. NO CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) deceased lived. If institution: residence before 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE / Where A. STATE B, COUNTY Md. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? NO YES X E. STREET AND NUMBER 9. AGE (In years B. DATE OF BIRTH If Under 1 Yr. Months! Doys If Under 24 Hrs. MARRIED NEVER MARRIED Hours tast birthdoy WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 1/9/11/0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ichard 15. Was Deceased Ever in U. S. Armed faice? (Yes, na or unknown) (If yes, give wor at dates of 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH cepyalopathy DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenio, etc. It means the diseas Cardiac arrest injury or complication which caused death ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoting the UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Na) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID OR CONTRIBUTING CAUSE OF (If in Baltimare City, give exact lacation) hame, form, factory, street, affice bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDI 21D. TIME (Haur) (Manth) (Day) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) Work acciden 22. I certify that (1) (this haspital) attended the deceased fram. 19 72 that (I) (we) last saw the deceased alive an. and that in(my) (aur) apinian death occurred an the date and haur alld fram the causes stated abave. (!) (We) (did) (did not) view the bady after death. 23A. SIGN ATURE 238, DATE SIGNED Attending [ Med. Shaff Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS DEGREE 74A. BURIAL CREMATION, CEMETERY OF CREMATORY REMOVAL (Specify) 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS



- 1	3-300	rêj (°	nel	O BALTIM	AORE CITY H	EALTH DEPA	ARTMENT	-
RIP	H NO.	16	2 084	CERT	<b>TIFICAT</b>	E OF D	EATH	REG. NO.
1. N	AME OF DEC	EASED	Lilli	an Boyd			2. DATE AND	HOUR OF DEATH
FUI	LL NAME OF	TIMORE, MARYLAND,  (IF NOT IN HOSP ADDRESS OR LOC			STREET	Md.	B. COUNTY	eceosed lived, If in
143	1 1	theran Hos	pital			Balto	•	
			200				Edmonds	son Ave.
s. s	ex F	6.RACE Negroid	7. MARRIE	D NEVER MA	RRIED 8.	DATE OF BII	RTH 9, /	AGE (In years birthdoy)
		UPATION (Give kind of wo working life, even if retired	ork 10B. KIND	APTRO-		N.C.	E (State or foreign	
13.	FATHER'S NA	ME			14	. MOTHER'S	MAIDEN NAME	
		Moses St	taton				Cora	ard
S. Yes		Moses Stever in U. S. Armed F	orces? otes of service	1 6. SOCIAL SECURITY	NO.	INFORMAN	T	
_	no			CALICE	OF DEATH	vorsey	Staton	3040 I
	DISEA!	SE OR CONDITION DEATH	H of dying, e.	9-, DUE	SCU J REDIATE CAUSE TO, OR AS A C		CH /	_
	DISEASES C	ANTECEDENT CAUSI OR CONDITIONS, if e obove couse (A G CONDITION lost.	ony, givi		TO, OR AS A	CONSEQUEN	CE OF:	
ERTIFICATION	TO THE DEAT	FICANT CONDITIONS C I'H BUT NOT RELATED TO CONDITION GIVEN IN PA OPERATION 198. CC WAS PI	THE TERMINA		TION	20 A. AUTOP	PSY? (Yes or No) 2	OB. IF YES, WERE I
AL C	OR CONTRIBL	NT WAS UNDERLYING JTING CAUSE OF medicol exominer)	1	IB. PLACE OF IN.	JURY (e.g., in c y, street, offic	or obout 21 C. Ve bldg., INJUR	WHERE DID	(If in Boltimore
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo		While At	Not While	21 F. H	OW DID INJURY	OCCUR?
	that (1) (we)	that (I) (this haspit last saw the decea d from the causes st	sed alive a	dug	25	m 1922 w the bady	and that	In(my) (aur) api
(	23C. PHYSICIA NAME (T	mg/	Lago	end had	Attend Phys.	o, ADDRESS	Med. Sta Director Phy	ff s.
24A	DEL	MATION 248, DATE	R	NAME OF CEMET	DEGREE TERY OF CREM	MARKET STATE	2 of mono	ATION (CI
25 A	Burial DATE REC'D	9-2-72 BY HEALTH DEPT.	25B. NAM	OWN Hil	1 Ceme	25C. FUNER		enville,
	SEP 5	1972	duesi	twinto	N	Kelson	n F	Darrey1
VS	150-REV. 1/1/6	68	. /				40 6	

M. titution: residence before admission) DE CITY LIMITS? YES T NO 🗌 If Under 1 Yr. Months; Doys If Under 24 Hrs. Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS dmondson Ave. APPROXIMATE INTERVAL INDINGS CONSIDERED City, give exoct location) nian death accurred on the date 238, DATE SIGNED ADDRESS 348 Calhoun St.



72 08434 STATE OF MARYLAND-DITHE

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72	11	M	Œ.	: <	di
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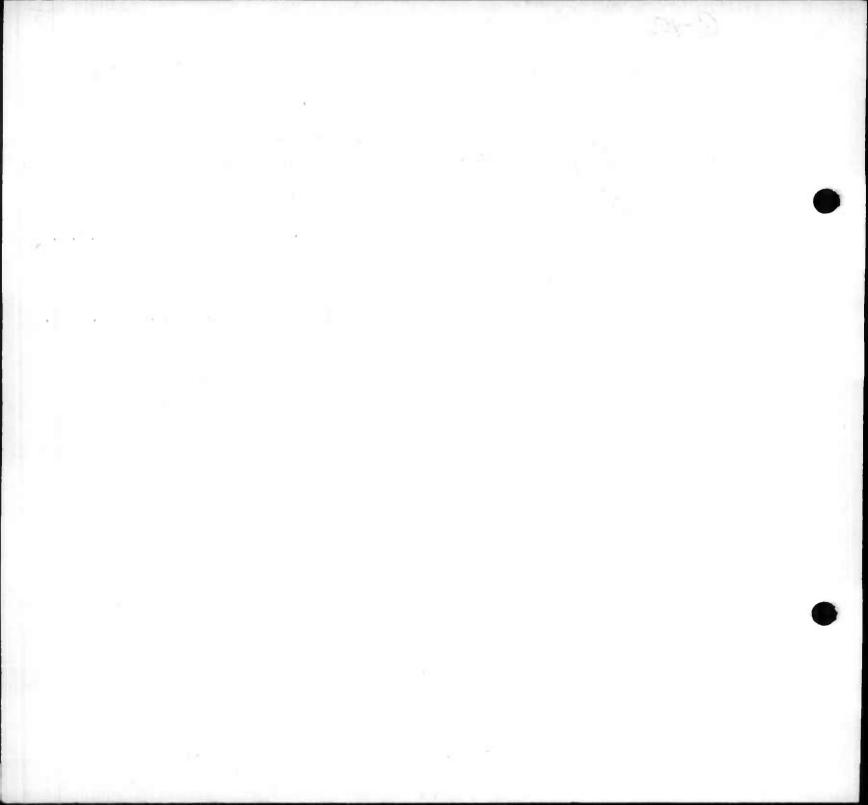
MEDICAL	<b>EXAMINER'S</b>	CEPTIFICATE	OF DEATH
MEDICAL	EVAWIIJEK 2	CEKTIFICATE	OF DEATH.

	72	0843	STATE OF MARY	AND-DH	RTMENT			1210	60101
5-161			EXAMINER'S			DEAT	н		08434
BIRTH NO.	/*!	LUICAI	. LAMMINALK 5	LKIIII	CAIL OI	DLAI	REG. NO.		
I. NAME OF DE	CEASED			2. DATE	Knawn X25	Manth	Day	Year	Haur
(Type ar Print)	Wesley Se	abrook		OF DEATH	Estimated	8	29	72	N
			RONOUNCED DEAD	3. DATE	INICED DEAD	Month	Doy	Year	Hour '
FULL NAME OF	(IF NOT IN HO	SPITAL OR INS	TITUTION, GIVE STREET	PRONO	UNCED DEAD	8	29	72	8:40 a.
OR INSTITUTION					ESIDENCE (Where	deceosed li			efore odmission)
00	529 N. Ca	Inoun S	οτ.	A. STATE	1.		B. COUNTY	10	600
6. SEX	7. RACE	B. MARI	RIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	
male	Negro	WIDOV		Ba1	to.		V	ES X	NO 🗆
9. DATE OF BIR	TH 10. AC	E (In years	If Under I Yr, If Under 24 Hrs.	E. STREET	AND NUMBER		,	-3 -3 1	<b>.</b>
7-4-98	last bl	rthday)	Months Doys Haurs Min.	52	29 N. Calh	oun St			
	(State or foreign cauni	ry)	12. CITIZEN OF	13. FATHER	'S NAME				
	S.C		WHAT COUNTRY?	.T.	ohn Seab	rook		See	0454
14A.USUAL OCC	UPATION (Give kind of	work 14B. KINI	O OF BUSINESS OR INDUSTRY						
dane during mastel	fwarking life, even if reti	ired)		7.	argaret				
16. WAS DECEA	SED EVER IN U.S. AF	MED FORCE	S? 17. SOCIAL	18. INFORM	MANT		A	DDRESS	
(Yes, na or unknaw	n) (If yes, give war ar a	lates of service	709-12-5680	T-17	lie Brad	ford	17.11	Divis	ion St.
19. 2/ /	2 2		CAUSE OF DEA		rie brau	1014	14411	APP	ROXIMATE INTERVAL
110	2,21		Hyperte	neivo c	ardiovasc	ular	iconco	BETWE	EN ONSET AND DEAT
DISEA	SE OR CONDITION LEADING TO DEAT				ararovasc	ulal (	LSCase		
(This does	nat meon the mode	of dying, e.g.,	(A)IMMEDIATE C	AUSE AS A CONSEQ	HENCE OF:				
heart failur	re, asthenia, etc. ft mea amplication which cause	ns the disease, ed death.)							
	ANTECEDENT CAUSE OR CONDITIONS, IF		(B) DUE TO, OR	AS A CONSE	QUENCE OF:				**********
RISE TO TH	HE ABOVE CAUSE (A)	STATING THE			4047704			111111	
Z	ING CONDITION LA	151.	(c)						
OTHER SIG TO THE DI DISEASE O	II	IS CONTRIBU	TING						
TO THE DI	NIFICANT CONDITION	D TO THE TERM	INAL						
20A. DATE C	OR CONDITION GIVEN	, ,	FOR WHICH OPERATION W	S PERFORM	(FD			21 AUTO	SY? (Yes ar Na)
8		CONDINOIS	TOR WHICH OF EXAMOTE IN	15 I EKI OKI				no	317 ()
₹ 22A. FXTE	RNAL CAUSE WAS		22B. PLACE OF INJURY (e.g.,	in ar about 2	2C. WHERE DID	(If in Baltima	re City give ex	oct location)	
UNDERLYIN	G OR CONTRIB-		home, form, foctory, street, offic	e bldg., etc.)	NJURY OCCUR?	(ii iii baiiiiie	ic city, give cx	oci iocanon)	
UTING C	(Month) (Doy)	(Year) (Hou	r) 22E. INJURY OCCURRED		2F. HOW DID IN	HIPY OCC	1102		
OF INJURY (APPROX.)	(1101111)	(1001) (1100	<b>'</b>	WHILE .	11011 010 114	30K1 000	OK:		
23.			rn. WORK AT W	ORK L					
	rtify that I held on	Inquiry	Inspection XX Au	tonsy 🗍	ond that on th	his hasis	death In my	oninlon	
resu	Ited from: Noturol	A 4	Accident Suicio				ned manner		
ACTUA	1 //	1 1/1	///		CHIEF MEDICAL E				DATE SIGNED
SIGNA	TURE /	1 1/1	M.D		STANT MEDICAL E			5	3/29/72
EXAMII NAME	ItOIIa I	d N. Ko	rnblum, M.D.	Deputy	Chief Medical E	XAMINER	xaminer		1/2/12
24A. BURIAL CRI	EMATION, 248. DA	TE	24C. NAME of CEMETERY			LOCATION		n, or county)	(State)
REMOVAL (Spe	cify)						1		
Buri		2-72	Mt. Aubur		FUNERAL DIRECTO		nore, Mo		
	SEP 5 197	2	1 1 1	_					+200+
	131	4.16	sures for the	W Ve	lson F.H	1 134	to oati	ioun 5	treet
VC 151 DEV 1/1/	10	7	11100	- 61	7 0 0				

TOP II AND THE IE 1.5 Same and the family man brane and been strong to 

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

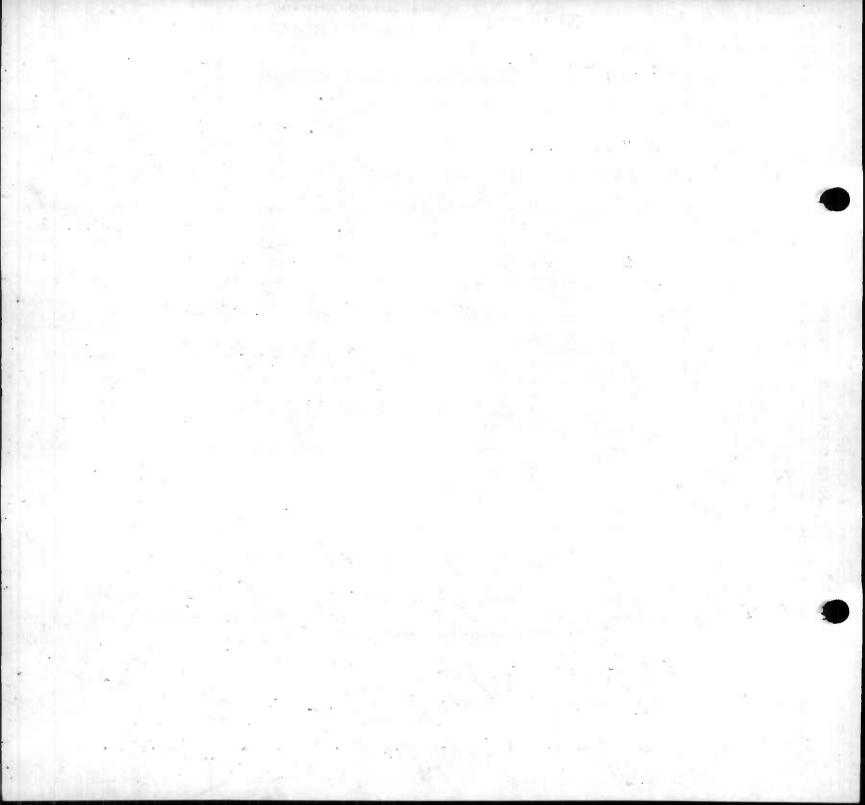
11	2-451	ウラ	(: QA0	BALTIMORE CITY	HEALTH DEPARTMENT		72 08435
BII	RTH NO.	12	090	CERTIFICA	TE OF DEATH	REG. NO	DE MARYTANDEDHMH
	NAME OF DECEA	SED	./			AND HOUR OF DEATH	SE MANTENANDAUHMH
3.	PLACE IN BALTIA	AORE MARYLAND, W	1 mol		HA HEHAL RECIDENCE (W	There delivered first His	nstitution: residence belore admission)
					A. STATE Md. B. CO	UNTY	islitution: residence belore odmission)
H	JLL NAME OF	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET		To the same	1021
III s	NOTUTITE				Baltimore		YES NO NO
11	1.41.	Hospin	41 "	+ m. 1.1	E. STREET AND NUMBER		153 💌 140 🗌
1	-UINEFAR		al of	F Mary land	2530 N.	ELLumon	+ st. 21214
1	Female 1	RACE	7- MARRIED WIDOWED	Diverces 1	7-5-36	9. AGE (In years last birthdoy)	Il Under 1 Ya. Il Under 24 Hrs. Months Doys Hours Min.
10/	LUSUAL OCCUP	ATION (Give kind of work king life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	oleign country)	12. CITIZEN OF WHAT COUNTRY?
1	ne duting most of wor	king me, even in temper,			Va.		U.S.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	
	Lin	wood Meall	v				
15. (Ye	Was Deceased Ev s.no or unknown) (II	er in U. S. Armed Fore	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					Henry Gilme	ore 4644 F	k. Hgts. Ave.
	18. 436	7.7 I		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIR	ECTLY		Sura a D	A C IL A NG I	
	(This does not	meon the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	ACHA NOI	
	injury or compli	lhenia, etc. It means colion which caused	the disease, death.)		A GOTTOL OFF	19 He ma	Jew 18 Com
	AN	TECEDENT CAUSES		(a) Ruy	rure of core	bral are	mysm.
	DISEASES OR	CONDITIONS, If	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	·····	
	UNDERLYING	above cause (A)	siding the	(c)			
_		11					
OH.	ITO THE DEATH I	ANT CONDITIONS CON	E TERMINAL				
ICA	19A DATE OF O	PERATION 198 CON	T (A).	VHICH OPERATION	120A, AUTOPSY? (Yes or	No) 208 IF YES WERE	FINDINGS CONSIDERED
ERTIFICATION	0	WAS PERF	ORMED			IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT OR CONTRIBUTION DEATH (notily me	WAS UNDERLYING DISCOURSE OF	21 B. hom etc.)	e, larm, factory, street, of	or obout 21C. WHERE DID fice bidg. INJURY OCCUR?	(If In Bollimor	e City, give exoct locotion)
MEDIC	21D. TIME (A	Nonth) (Doy) (Year)	(Hous) 21 &	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
2	(APPROX.)		Whi	le At Not While			
	22. I certify the	ot (1) (this hospital)			2 (26)	19 1210	9 1 10 72
		st saw the decease			19ond		nian death occurred on the date
	and have and fr	am the causes state	ed above. (I)	(We) (did) (did not) v	lew the body after death		
	23A. SIGNATURE		un of ou	1			23B DATE SIGNED
		4		DEGREE Phys	nding Med. Director	Shaff Phys.	91:172
	NAME (Type	E.	SAN	900 A. 9	3D. ADDRESS		
24A	REMOVAL (Special	TION, 248 DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (Cit	ly, town, or county) (State)
	Burial	9-5-72	2 Mt	. Auburn Vei	n.	BaltoMo	3
25A	SEP 5 1	972 Jud	258. NAME O		25C. FUNERAL DIRECTO	V. Bailey	ADDRESS
VS	150-REV. 1/1/68	,	19		Promborn r All	· 1 )40 0a-	lhoun Street



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

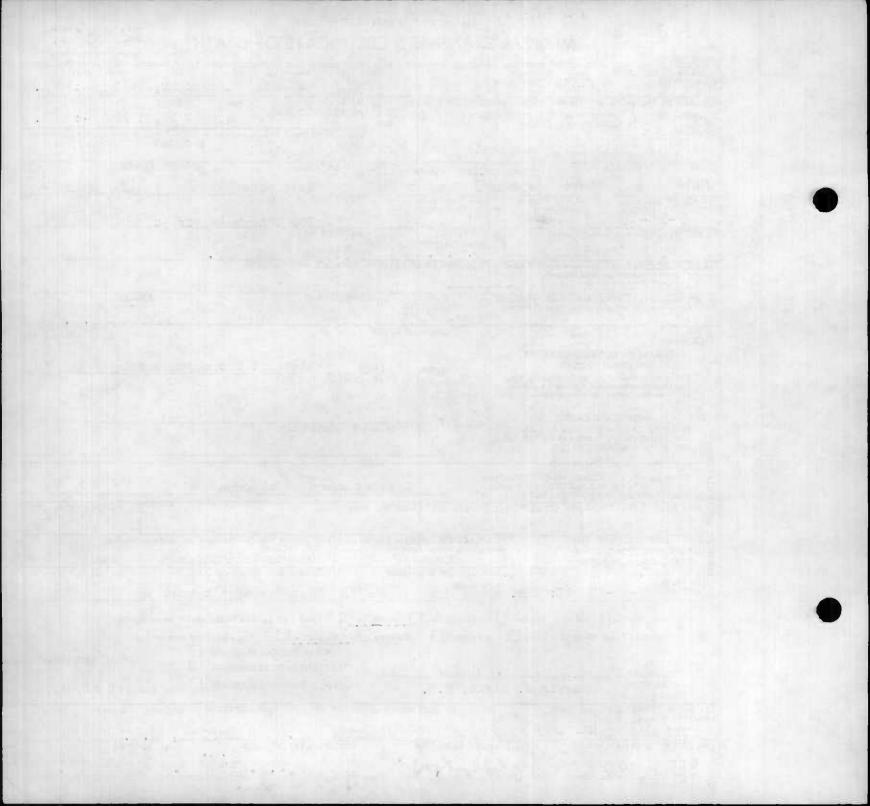
written approval must be obtained before the remains are embalmed or final disposition is made.

4	BALTIMORE CITY	HEALTH DEPARTMENT	100	0 00100
D-520 72 (84	36 CERTIFICA	TE OF DEATH	REG. NO.	DE MARYLAND-DHMH
1. NAME OF DECEASED (Type or Print)	anks	2. DATE AN	HOUR OF DEATH	8/31/72 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Md.		2006
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
70		Balto.		YES 🔼 NO 🗌
Caton Manor N.H.		3110 Leeds	Ave.	
S. SEX 6. RACE 7. MAR	RIED NEVER MARRIED		9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	WED DIVORCED	6-11-90	82	
IOA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working lile, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.		U.S.A.
13- FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Nicolus Johnso	n	Mary	J. Waters	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	220-16-1952	A Bernice Fa	rmer same	e
18. LL 10.91	CAUSE OF DEAT		2000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			m. 1	1 I I I I I I I I I I I I I I I I I I I
LEADING TO DEATH (This does not meen the mode of dying,	(A)IMMEDIATE CAL		alluse	of lawy.
heart failure, asthenia, etc. It means the dis-		A CONSEQUENCE OF:		
injury or complication which coused death.)	0.7	1000	, , , , , , , , , , , , , , , , , , , ,	2
ANTECEDENT CAUSES	(B) (121)	ne vecu	ones.	7
DISEASES OR CONDITIONS, if ony, g	141119	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	all 208 IE VEC WERE	FINDINGS CONSIDERED
194. DATE OF OPERATION 198. CONDITION WAS PERFORMED	TOR WHICH OFERANOR	No	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, lorm, factory, street, o etc.)	n or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
U	21E. INJURY OCCURRED	21 F. HOW DID INJ	ILLRY OCCUP?	
S OF INJURY	While At Not While	e 🗂	OKI OCCOK.	
(APPROX.)	Work LJ At Work	100		21/00
22. I certify that (I) (this hospital) attend	ded the deceased from	9.20	19 to 8	19
that (1) (we) last saw the deceased olive	on	19_/ond th	ot in (my) (ovr) opi	nion death occurred on the date
ond hour and from the couses stated aba	ve. (1) (We) (did) (did noi) v	riew the body ofter deoth.		
23A. SIGNATURE	2 /			23B. DATE SIGNED
hamial Pa	LOGIO DEGREE Phy	Med. Director	Staff Phys.	8/3/1/2
23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS	1 1 111	
DAMIAN PA	Ja ola	305 ThERE	euk Rd.	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ity, town, or county) (Stote)
Runial 0-5-72	Western Star	Cem	Balt	o Ma
25A. DATE REC'D BY HEALTH DEPT 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	V.Bailev	ADDRESS
SEP 5 1972 Thidwell	Whyston	Kelson Fall.	1348 Ca	lhoun Street
VS 150-REV. 1/1/68		110 4	7,000	



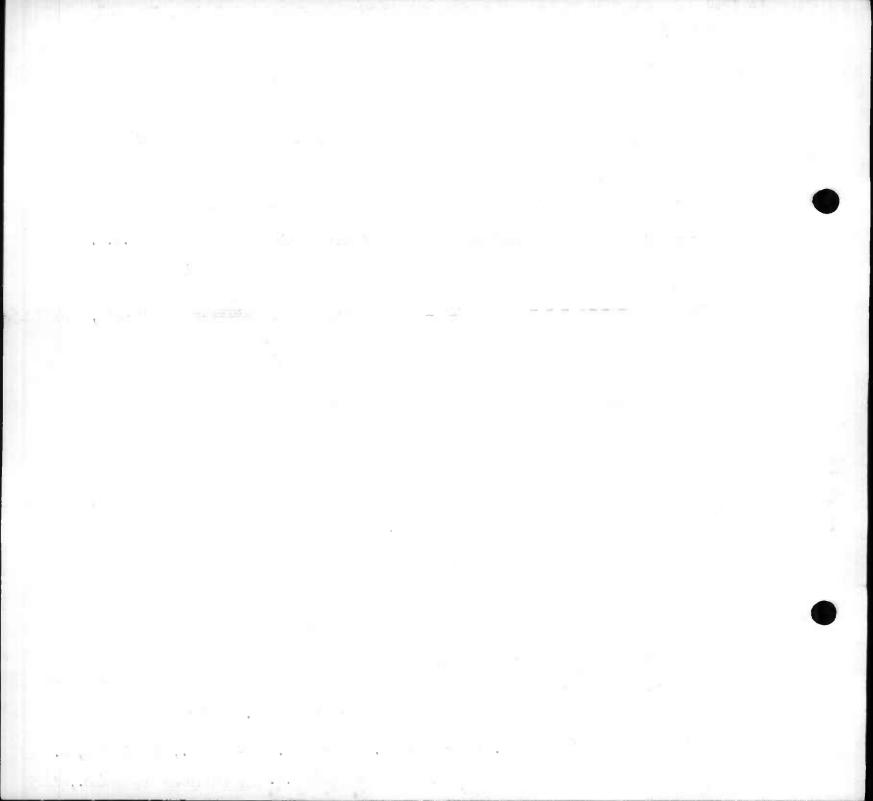
A 2 17 LOWATE OF MARYTAND = DOWN

BALTIMORE CITY HE	ALTH DEPARTMENT
1-180 MEDICAL EVAMINEDIS C	CENTIFICATE OF DEATH 72 08437
BIRTH NO.  MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.
I. NAME OF DECEASED	2. DATE Known X Month Doy Year Hour
(Type or Print) WARREN DAVIS	OF DEATH Estimoted August 31, 1972 4:30 A.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD August 31, 1972 4:30 A.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if Institution; residence before admission)
University Hospital	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED X NEVER MARRIED	IC. CITY OR TOWN ID. INSIDE CITY LIMITS?
MAKKIED LA IVEY EK MAKKIED L	
11001120 DIVORCED ES	Baltimore YES X NO
lost birthdoy) 1/2 Manths, Days, Haurs, Min.	E. SIKEEI AIRD HOMBER
7-17-29 40	508 Otterbein Street
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
South Carolina   U.S.A.	Warren Davis Sr.
I 4A.USUAL OCCUPATION (Give kind al workli 4B. KIND OF BUSINESS OR INDUSTRY done during most of warking lile, even if retired)	13. MOTHER'S MAIDEN NAME
Construction	Frances Garris
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war or dates of service)  17. SOCIAL SECURITY NO.	1851 Spencer
no 249-48-0770	Lorraine Davis Greensboro, N.C.
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE C	AUSE Bilateral bronchopneumonia
(This does not mean the made of dying, e.g.,	AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
DISEASES OR CONDITIONS, IF ANY, GIVING  (8)  DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z ONDERLTING CONDITION EAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Guns	shot wound of abdomen
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED  21. AUTOPSY7 (Yes or No)
E AVA. DATE OF OPERATION 1208. CONDITION FOR WHICH OPERATION W	
	Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., home, farm, factory, street, office	In or about 22C. WHERE DID (If in Baltimore City, give exact location)  bidg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH. HOUSE	509 Oterbein Street
22D. TIME (Month) (Day) (Year) (Hour) 22E, INJURY OCCURRED.	22F. HOW DID INJURY OCCUR?
(APPROX.) 7-31-72 12:01 A. m. WHILE AT WORK AT W	WHILE Shot during altercation
23.	
I certify that I held an Inquiry I Inspection Au	tapsy X and that on this basis, death in my opinion
resulted fram: Natural causes Accident Suicid	de Homicide XX Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE MANUAL PLANT M.D	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S Marvin S. Platt, M.D.	
NAME (Type)	ASSOCIATE MEDICAL EXAMINER LA August 31, 1972
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	hurch Cem. Summerton. S.C.
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR TO D DOING ADDRESS
CEDE 4070 A. 1 12 4 3	v.n. Dalley
SEPS 1912 Trady Mary Mary	Kelson F.H. 1348 N. Calhoun St.
VS 151-REV. 1/1/68	



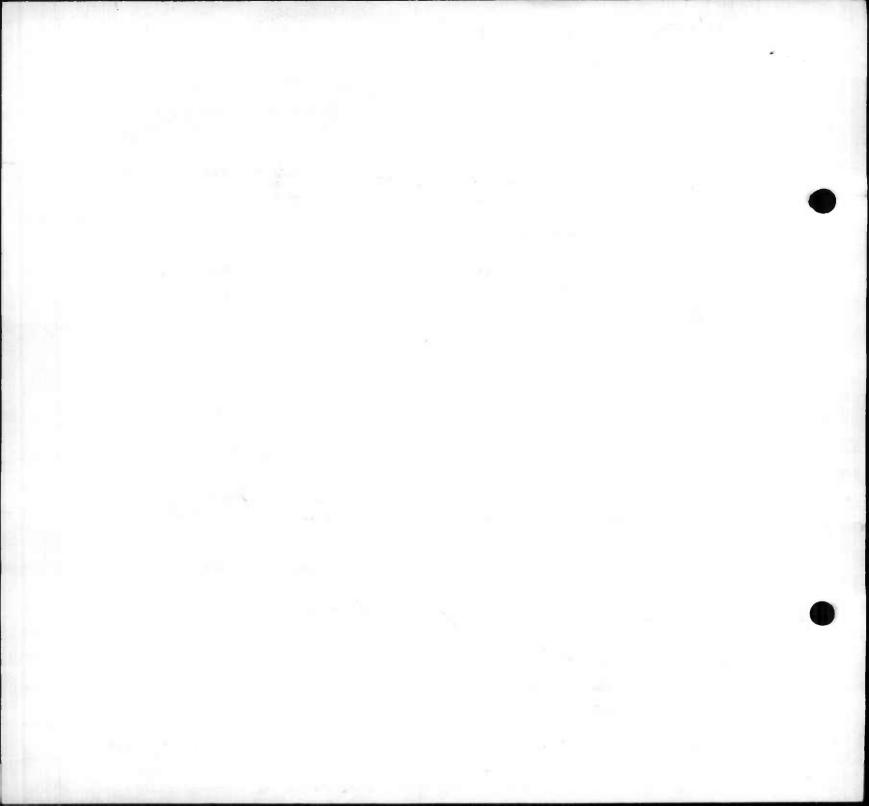
VS 150-REV. 1/1/68

1 ,	V 10			BALTIMORE CIT	Y HEALTH DEPARTMENT	MO	00120
	TH NO.	72 (	)843	G CERTIFICA	ATE OF DEATH	STATE	08438 OF MARYLAND-DHAM
	me of beceased	10 H	arru	T	2. DATE A	ND HOUR OF DEATH	2 1 81 05 00
	PLACE IN BALTIMORE, A	MARYLAND, W	HERE PRON	OUNCED DEAD	0	ere deceased lived If institu	ution: residence befare odmission)
H	JLL NAME OF (IF NO SPITAL OR ADD	OT IN HOSPITA	AL OR INST	TITUTION, GIVE STREET	Maryland C. CITY OR TOWN		CITY LIMITS?
i	iniversity	of Ma	nyla	ual l	Baltimore E. STREET AND NUMBER		ES NO .
5,	SEX 6. RACE		7	102 DI 10-1	1 614 Hrsan	Avenue	21200
	mlu	ر	WIDOWE		16-13-1892	80	Under 1 Yr. If Under 24 Hrs. Min.
do	A. USUAL OCCUPATION (Come during most of working life,	sive kind of work even if retired)	108 KIND	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or for	eign country)	2. CITIZEN OF WHAT COUNTRY?
	arpenter		Lun	nber	Pennsylvania		U.S.A.
13.	FATHER'S NAME		- 1 1		14. MOTHER'S MAIDEN NA	ME	
	lhomas	mcF			Anna	rand & S	
15. (Ye	Was Deceased Ever in U. s, no or unknown) (If yes, gi	S. Armed Fore	ces? s of service	16. SOCIAL SECURITY NO.	17. INFORMANT	Son	ADDRESS
L	No -		-	207-03-0214	A Walter Mc Fadd		6th St. Balto 21 225
	18.203X	1		CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CO	NDITION DIR	ECTLY		11-max	RHAGE	
	(This does not mean heart (ailure, asthenia,	eic, il means	the diseos	(A) IMMEDIATE CA	A CONSEQUENCE OF:	KANOC	BB 678 6 6 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	injury or complication	which coused ENT CAUSES	death.)		M. M	1,51	
	DISEASES OR COND			(B)	S A CONSEQUENCE OF:	YELOMA	
	ise to the obove	couse (A)	stoling th	(c)	A CONSEQUENCE OF:		
		11					
ATION	OTHER SIGNIFICANT CONTOUR TO THE DEATH BUT NOT DISEASE OR CONDITION	RELATED TO THE	E TERMINA			P2	
CERTIFICATION	19A-DATE OF OPERATIO	WAS PERF	ORMED		20A. AUTOPSY? (Yes or N	IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
CAL	21A. ACCIDENT WAS U OR CONTRIBUTING C DEATH (notify medical ex	NDERLYING  AUSE OF comined	21 hr el	IR PLACE OF INJURY (e.g., nme, form, foctory, street, ic.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If In Boltimore Ci	ity, give exact location)
MEDI	21D. TIME (Month) OF INJURY (APPROX)	(Doy) (Yeor)	W	KINJURY OCCURRED  While At Work  Not Wh	21F. HOW DID IN	JURY OCCUR?	
	22. I certify that (1) (1	his hospital)		the deceased fram		19 72 to Sept	7 10 77
	that (1) (we) last saw	the decease	d alive on	Sept 2	19 72 and th	nat in (my) (aur) opinia	n death accurred an the date
	and have and from the	causes stote	ed above.	(I) (We) (did) (did not)	view the bady after death.		
	Holde	B	10	AH DEGREE PH	ending Med. Director	Staff Phys.	9/2/70
	PHYSICIAN'S NAME (Pype)	()	P	DEGREE	23D. ADDRESS		1
24/	A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	_	DEGREE	EMATORY 24D. L	ocation (City, 1	own, or county) (Stotel
	Burial	9/6/197.	2 St	. Stephens Lux	h. (hurch (om.	Juniata Co. Mi	Ellintown Pa.
25/	SEP 5 1972	Draw.	25B. NAME	OF-REGISTRAR	25C. FUNERAL DIRECTO	•	Ave Balto. 21225
1/5	250 853/ 3/2//8					-11 · ululuscii i	( CIGE)

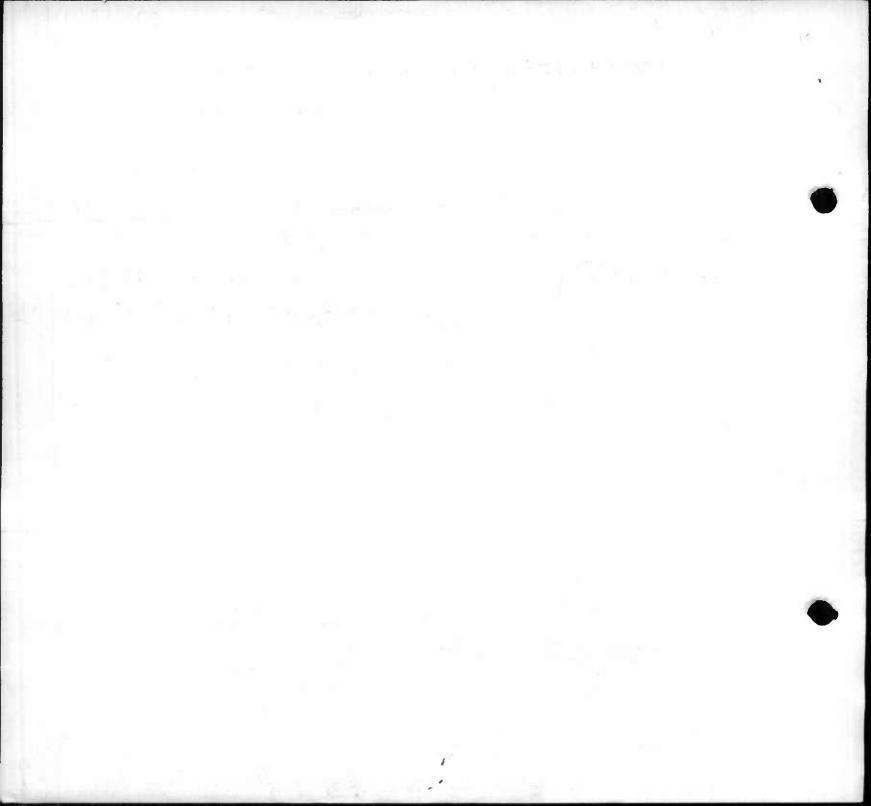


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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death) written approval must be obtained before the remains are embalmed or final disposition is made.		Was D
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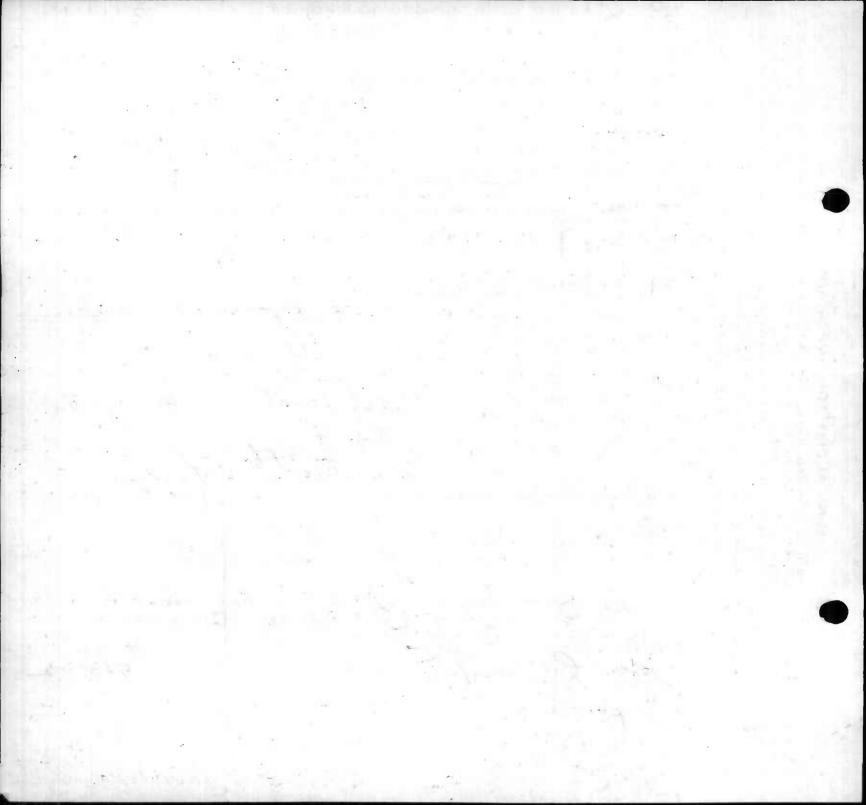
		BALTIMORE CITY	Y HEALTH DEPA	RTMENT		22 00420
5-520	72 084	39 CERTIFICA	TE OF D	FATH	REG. NO.	72 08439
I. NAME OF DECEASED		OLIVINIO/	WE OF D		STATE C	F MARYLAND-DHMH
(Type or Print)	GENCO	MARY	T		HOUR OF DEATH	112.50 P.N
3. PLACE IN BALTIMORE, A	MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESI	B. COUNTY	deceased lived, If in	stitution residence before admission
FULL NAME OF (IF N HOSPITAL OR ADD	OT IN HOSPITAL OR IN	STITUTION, GIVE STREET	C. CITY OR TOV			IDE CITY LIMITS?
CHURCH HOME	& HOSPITAL.			ALTIMOI	RE	YES NO
35			222/ 1		ette «	St.
5. SEX 6. RACE	7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIR	TH S Ios	AGE (In years t birthdoy)	Il Under 1 Yt. If Under 24 Hrs. Months Doys Hours Min.
		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	E (State or foreign		12. CITIZEN OF WHAT COUNTRY
done during most of working life,  HOUEWIF	A	00		ITA	HLY	U.S.A.
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME		
SALVA	TORE TES	TODINE		ANNA	Bustern	2
15. Was Deceased Ever in U. (Yes, no or unknown) (If yes, gi	S. Armed Forces? ve war at doles of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	GENCO.	222	ADDRESS E. FAYETTE ST.
No		215 03 7041		CICIVED.	RAI	TIMORE
DISEASE OR CO	NOITION DIRECTLY	CAUSE OF DEAT	me:		ervical car	
LEADING	TO DEATH	(A)IMMEDIATE CAI	use Care	Bral vaso	ular accio	Cent
(This does not mean heart failure, asthenia,	elc. It means the dise	P.G. DUETO OP AC	A CONSEQUENCE			***************************************
injury ar camplication			•		-	
	ENT CAUSES	(8)	Ceny		and can	ncer
nise to the above	cause (A) stating	3	A CONSEQUENC	GE OF:		
	11	(0)			***************************************	••••••••••
OTHER SIGNIFICANT COL	NOTIONS CONTRIBUTION	NG				
A DISEASE OR CONDITION	GIVEN IN PART 1 (A).	***************************************				
OTHER SIGNIFICANT COLOR TO THE DEATH BUT NOT DISEASE OR CONDITION 19A. DATE OF OPERATIO  TO THE DEATH BUT NOT DISEASE OR CONDITION 19A. DATE OF OPERATIO  TO THE RESIGNIFICANT COLOR DISEASE OR CONDITION 19A. DATE OF OPERATIO  TO THE RESIGNIFICANT COLOR DISEASE OR CONDITION 19A. DATE OF OPERATION TO THE RESIGNIFICANT COLOR DISEASE OR CONDITION 19A. DATE OF OPERATION TO THE RESIGNIFICANT COLOR DISEASE OR CONDITION 19A. DATE OF OPERATION TO THE DEATH BUT NOT 19A. DATE OF OPERATION TO THE DEATH BUT NOT 19A. DATE OF OPERATION TO THE DEATH BUT NOT 19A. DATE OF OPERATION TO THE DEATH BUT NOT 19A. DATE OF OPERATION TO THE DEATH BUT NOT 19A. DATE OF OPERATION TO THE DEATH BUT NOT 19A. DATE OF OPERATION TO THE DEATH BUT NOT 19A. DATE OF OPERATION TO THE DEATH BUT NOT 19A. DATE OF OPERATION TO THE DEATH BUT NOT 19A. DATE OF OPERATION TO THE DEATH BUT NOT TO THE DEATH BU	WAS PERFORMED	- 0 +	20A AUTOPS	SY? (Yes or No) 2	N CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
TA. ACCIDENT WAS U	NDERLYING	I rucheo lemes	in or about 21C W	WESE DID	fif to Refrience	a China also assat la satisti
OR CONTRIBUTING CO	AUSE OF	21B PLACE OF INJURY (e.g., i home, farm, factory, street, o etc.)	ffice bldg., INJUR	Y OCCUR?	lit in politimor	e City, give exact location)
OF INJURY (Manth)	(Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. H	OW DID INJUR	OCCUR?	60
(APPROXI		While At At Work	•			photo and the same of the same
22. 1 certify that (1) (	this hospital) ottende	ed the deceased from	8-	6 1 19	72 to 7	- 30, 19 72
that (N (we) last saw	the deceased office	on $X = 30$		2 ond that		nion death occurred on the date
	squses stated above	. (4) (We) (did) (did-not)	view the body a	ifter death.		
23A. SIGNATURE	4 v Kin	Phy		led. Sta	# 🗆	238 DATE SIGNED
23C. PHYSICIAN'S NAME IType)	A JUNG-1	DEGREE				HOSPITAL
t t	+ LIRDZ	2-VI M.D. DEGREE	-	LTIMON 124D. LOCA		
24A. BURIAL CREMATION, REMOVAL (Specily)	24B. DATE 246	C. NAME of CEMETERY of CR	EMATORY		ATION ICI	ly, town, or county) (Stote)
Burial		Gardens of Fai	th Cemet	ery Bal	timore, M	appland -
25A. STEPS BY HEAVE	H DEPT. 25B. NAR	AE OF REGISERAR	250. FUNERA	AL DIRECTOR TO	shn A. Moran 00 E. Baltimo	TE St. ADDRESS
VS 150-REV. 1/1/68	-			1	Tipore, Mate	21224



11-	Tolla		110	BALTIMORE CITY	HEALTH DEPARTMEN	ır	72 (	08440
В	RTH NO. Wie	omic 200	mel	CERTIFICA	TE OF DEAT	H REGINER	TE OF M	ANTHAND DURING
1.	NAME OF DECEA	SED MAINER	101/	11 - A	2. DAT	E AND HOUR OF DEAT	гн	10
3.	PLACE IN BALTIA	ORE MARYLAND, W	HERE PRONO	INCED DEAD	14 USUAL RESIDENCE	Where Beceased lived, II	Linstitution: re-	2 - P M.
			•	4	A. STATE B. C	COUNTY	-	
11.14	JLL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOCA	TION)	UTION, GIVE STREET	C. CITY OR TOWN	Parchester D. II	NSIDE CITY LIA	AITS?
	University	of Marylan	A Hos	spital	LE STREET AND NUMB	ED	YES 🗌	ио 🔯
	38	/(200			Box 42	12. 2. 1. 11	d. 21	841
5.	SEX 6.	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	ti Under Months	1 Yr. II Under 24 Hrs. Days Hours Min.
Lin	A USUAL OCCUPA	WON/Give kind of work	WIDOWED	DIVORCED BUSINESS OR INDUSTRY	8/27/72			17:25
do	ne during most of wor	king life, even if retired)	IUE KIND OF	BOSINESS OF INDUSTRA	1/ 1 1	r loreign country)		EN OF WHAT COUNTRY?
13.	FATHER'S NAME		·		Maryland 14. MOTHER'S MAIDEN	NAAAE	U.S	· H,
F	1 Ra	· tay			MOTHER'S MAIDEN	NAME	P	2
15.	Was Deceased Ev	e in U. S. Armed Forces, give wor or dates	08?	1 6. SOCIAL	17. INFORMANT	CHAMEN KIAMI	E UNIWA	ADDRESS
(Ye	s, no ar unknown) (If	es, give wer or dates	of service)	SECURITY NO.	D Q (	+0	0.16	ADDRESS
-	18.77 7	7 1		CAUSE OF DEATH	1970 NATION	1 PATOLOGIA	snoth o	APPROXIMATE INTERVAL
		OR CONDITION DIR	ECTLY				BI	ETWEEN ONSET AND DEATH
		ADING TO DEATH	dvina an	(A) IMMEDIATE CAU		y Distress 5,	id rome	e17hr
	heart failure, as	Thenia, e)c. 11 means calion which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	1 by history		
		TECEDENT CAUSES	464112	Pos	1. d.	ı		1- h. 46 (176 d
		CONDITIONS, if a		DUE TO, OR AS	A CONSEQUENCE OF:	***************************************		tel princ (riving)
		above cause (A) CONDITION last,	staling the	(c)				
-		11						
ERTIFICATION	TO THE DEATH B	INT CONDITIONS CON BUT NOT RELATED TO TH IDITION GIVEN IN PART	E TERMINAL	******************	Pro	***************************************	**********	***
RTIFIC	19A DATE OF OF	PERATION 198. COND	TORMED	VHICH OPERATION	20A. AUTOPSY? IYes	IN CERTIFYING C	E FINDINGS	CONSIDERED EATH?
AL CE	21A. A CCIDENT OR CONTRIBUTION DEATH Inotify me	WAS UNDERLYING COUNTY CAUSE OF		PLACE OF INJURY le.g., in e, form, foctory, street, o)			nore City, give	exact locotion)
EDIC	21D. TIME IM	Aonth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
E	[APPROX.]		Whi	le At Not While				
	22. I certify the	ot (1) (this hospital)	attended th	e deceased from	8/28	197 <u></u>	8/2 0	19 23
		st sow the deceased		8/2-8			pinion death	occurred on the date
		om the causes state	d above. (1)	(We) (did) (did nat) v	lew the body ofter dea	ith.		
	23A. SIGNATURE	Cellan Bock	_ M.	DEGREE Phys	nding Med.	Staff Phys.	23B, DATE	R/72
	23C. PHYSICIAN'S NAME IType	5 011	R	DEGREE	23D. ADDRESS		0	
24/	A. BURIAL CREMA	TION 1248 DATE	124C NA	DEGREE DEGREE	UNIV OF	Md. Hospita	ll City to	
	REMOVAL (Spec	ely)	R	The Contract of the	24/	) (	City, town, or	countyl (Stole)
25/	A DATE REC'D BY	HEALTH DEPT.	SB. NAME O	F REGISTRAR	25C. FUNERAL DIREC	DERLIN	WOR	ADDRESS
11	/ CEDE	1070 -	e es mil		1	0 0	/	)



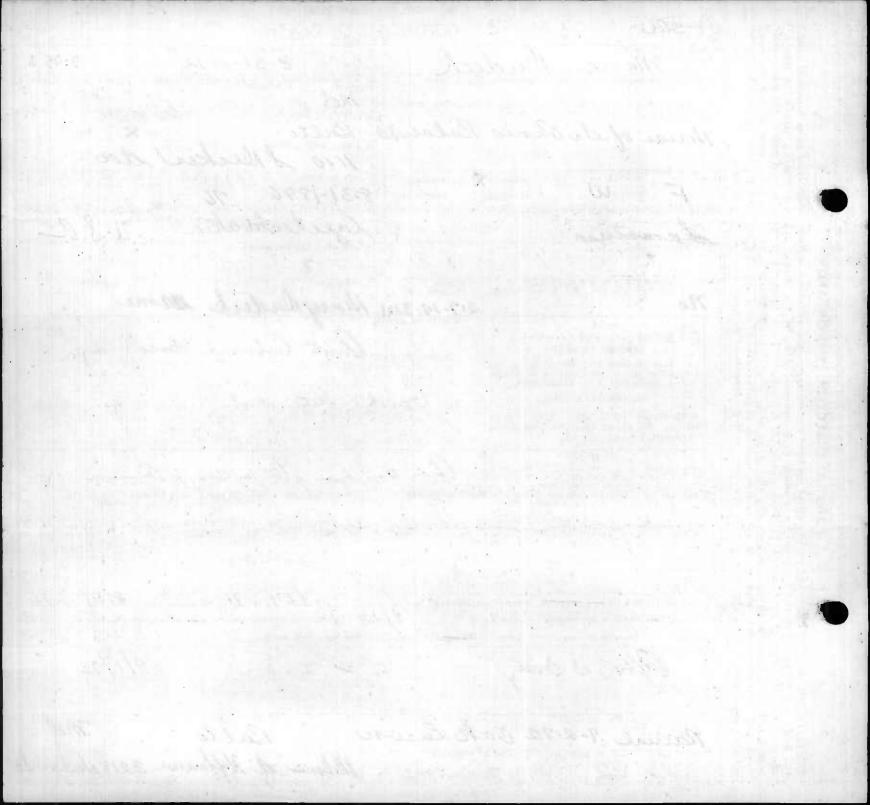
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## FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

3	BALTIMORE CITY	HEALTH DEPARTMENT	72	08492
0-320 72 084	12 CERTIFICA	TE OF DEATH	REG NO.	
(Type or Print) Maria Du	deck		-1972	9:05 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		A. STATE B. COUNTY	eceosed lived. If instituti	on: residence before odmission)
HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HADDRESS OR LOCATION		C. CITY OR TOWN	D. INSIDE C	ITY LIMITS?
House of the Bin	is Belair Ro	Bulto.	YES	NO 🗌
90		E. STREET AND NUMBER	ecker,	ave.
	RIED NEVER MARRIED DIVORCED DIVORCED		AGE (In years If I Mor	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign	country) 12.	CITIZEN OF WHAT COUNTRY?
kamstues		sechoson	akea	U.S.a
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		?		
15. Wos Decoosed Ever in U. S. Armod Forcos? (Yos, no or unknown) (If yos, give wor or dotes of sor	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	ck san	ADDRESS
18.4/2/91-4/7//	CAUSE OF DEAT	H Percey perce	CIC TO	
DISEASE OR CONDITION DIRECTLY		1 -1.	6.	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying,	(A) IMMEDIATE CAL		resula Records	- days.
heart foilure, asthenia, etc. It means the dis		A CONSEQUENCE OF:		
injury or complication which coused death.)  ANTECEDENT CAUSES	(-	o. Ar.	,	
DISEASES OR CONDITIONS, if any,	iving DUE TO, OR AS	ACONSEQUENCE OF:	lan.	gum.
rise to the above cause (A) stoling	Ihe			
II	(c)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM OF DISEASE OR CONDITION GIVEN IN PART 1 (A).		in Lymn , Rot m	stilling for the	Syn.
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No)	OR IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol oxominer)	21 B. PLACE OF INJURY (e.g., i home, farm, foctory, street, o etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimoro City	r, give exoct location)
21D.TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY	r OCCUR?	
OF INJURY (APPROX.)	While At Not While Work At Work			
22. I certify that (I) (this hospital) often		6/27/19	7/ to	8/31/ 1972.
that (I) (we) lost saw the deceased olive	on	22/2		deoth occurred on the date
and hour and from the causes stoted oba				
23A. SIGNATURE			70.00	DATE SIGNED
(Albas B Brasky	OEGREE Phy		/s. 🗆	7/1/72
23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS		
	OEGREE	MATORY 24D. LOC	ATION (City, to	wn, or county) (State)
REMOVAL (Specify) 9-2-72	Jak Law.	w Ba	eto.	me .
SEP 5 100 258, NA	ME OF REGISTRAR	Lilena Director	Hoffmarin.	3218 Hudon St
VS 150-REV. 1/1/6B	NAC ALANDA	4 3 5	PU	



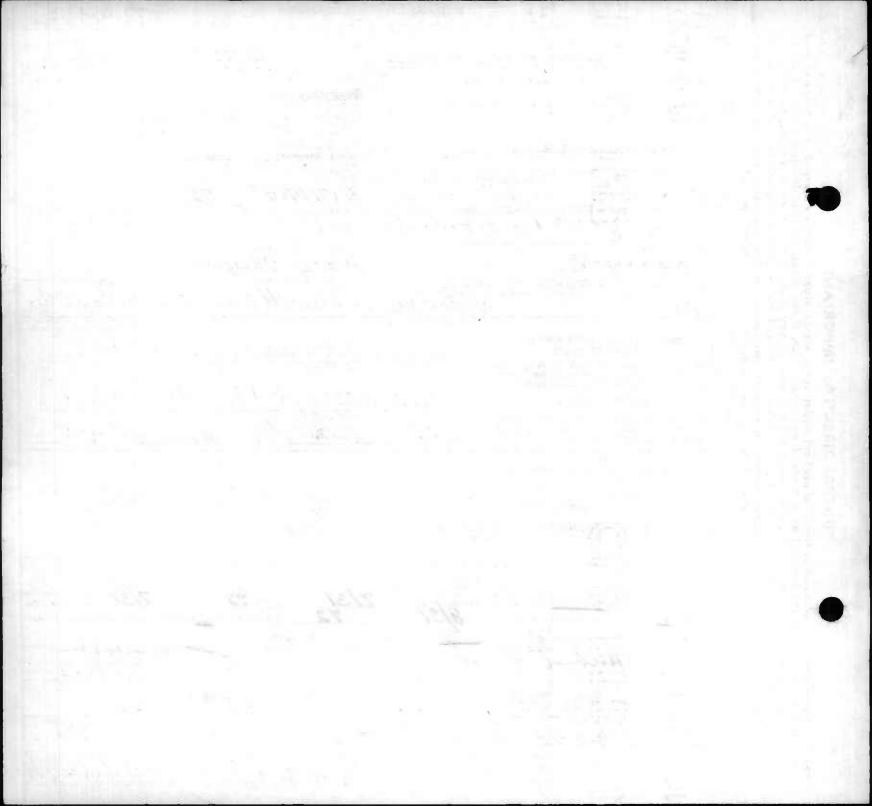
of death Deceased LO ance (5) cause canse; attend contributing etermined regular Dun Was IMPORTANT death

Such eat Ö 0 prior disposition is made. deceased the HO or final attendance any pronounced embalmed regular who physician before the remains MOS burns; No physician Body the U any nature; (2) where to the hospital obtained 9 (except and pe eath) 40 hospital accident must Ö 0 approval 0 prior at An D.O.A. deceased written ap shows: (1) Mas

VS 150-REV. 1/1/66

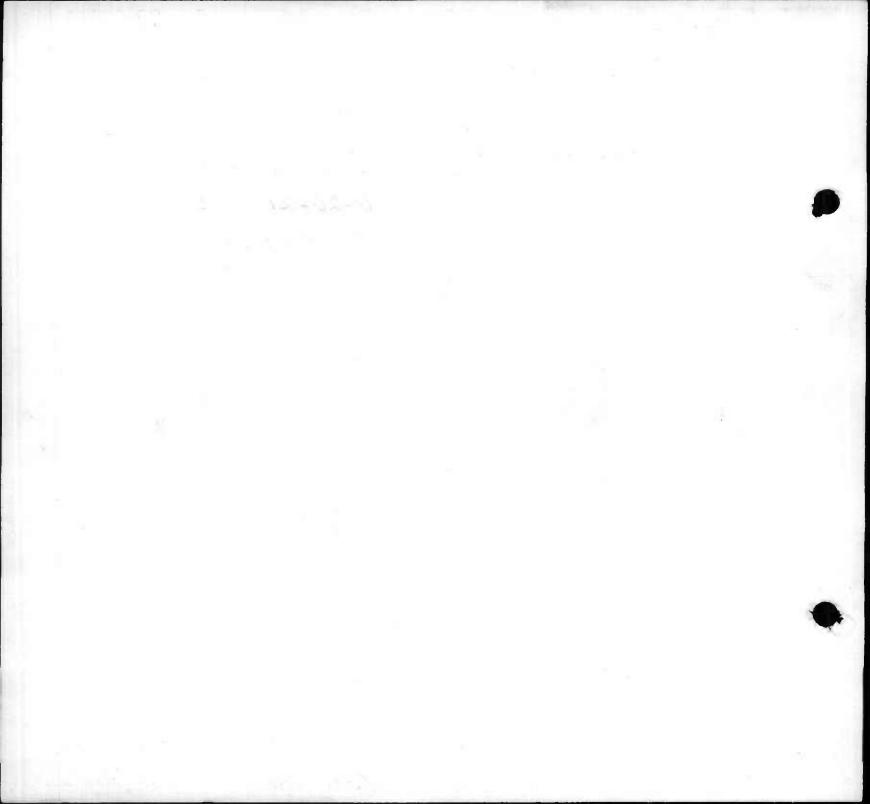
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) XMKKEK, William 5:15 a. M. 8/31/72 Thomas 4. USUAL RESIDENCE (Where deceased fived, If institution residence before admission)
A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Marvland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES 🗸 NO E. STREET AND NUMBER The Johns Hopkins Hospital 504 N. East Avenue 9. AGE (In years If Under 1 Ys. If Under 24 Hrs. 6. RACE 5. SEX 7- MARRIED X NEVER MARRIED Hours Male Cauc. WIDOWED DIVORCED IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE IState of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Anned Forces?
(Yes, no or unknown) filf yes, give war or dates of service) & SOCIAL SECURITY NO. CAUSE OF DEATH 18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dylng, e.g., heart failure, aethenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF injury or complication which caused death.) ANTECEDENT CAUSES A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION | 19% CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No! 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PEEPORMED NO 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY in.g., in or about 21 C. WHERE DID home, form, foctory, street, office bidg. INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21D. TIME OF INJURY 21F. HOW DID INJURY OCCURT (Month) (Doy) (Year) (Hous 21E INJURY OCCURRED Not While White At [APPROX] At Work Work 22. I certify that (1) (this hospital) attended the deceased from and that In(my) (our) opinion death accurred on the date that (1) (we) last saw the deceased alive on. ond hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B DATE SIGNED Attending [ Med. Director Staff Phys. Phys. 23C. PHYSICIAN'S NAME ITypel 23D. ADDRESS The Johns Hopkins Hospital Michael Tucker M. DECREE 24D. LOCATION 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify 258, NAME OF REGISTRAR SUNERAL DIRECTOR



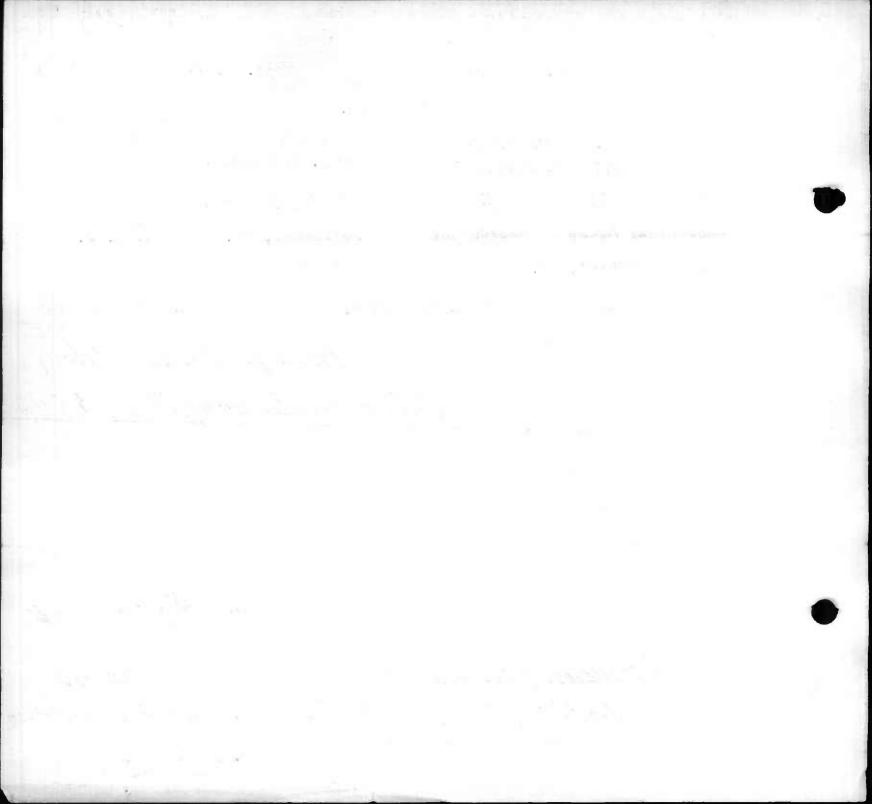
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); and (o) no pnysician was in regular aftendance on the deceased prior to death. Such se obtained before the remains are embalmed or final disposition is made.	5. 10. do
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1/	200	BALTIMORE CITY	HEALTH DEPARTMENT		72 08444
H-536	12 08444	CERTIFICA	TE OF DEATH	MA NO	7
I. NAME OF DECEASED	1 /			D HOUR OF DEATH	E. MARYLAND-DHME
(Type or Print) Dance.	L HUNTER		8-	31-72	4-65 pm.
3. PLACE IN BALTIMORE MAI	RYLAND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	nstitution: residence before admission
I HOSHIAL OR ADDRES	IN HOSPITAL OR INSTITUTIOS OR LOCATION	N, GIVE STREET	Md		1507
INSTITUTION	r ;;		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
460/11/6	eran Ho	55P,	E. STREET AND NUMBER		YES NO
10)00			2027- Her	-ber-T. 3	T
5. SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
IDA. USUAL OCCUPATION (Give	kind of work IOR KIND OF BUS	DIVORCED	6-26-21	3/	
done during most of working life, eve	n if retired)	HAESS OK HADOSIKI	11. BIRTHPLACE (Slate or forei	gn country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	Na	
			MAIDER NAM	ne .	
15. Was Deceased Ever in U. S.	Armed Forces? 16.	SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give	was of dotes of service)	SECURITY NO.			ADDRESS
18.2 9 LL G		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEASE OR COND	ITION DIRECTLY		•		BETWEEN ONSET AND DEAT
LEADING TO		(A)IMMEDIATE CAU	SE Toxie P	stchosis	
(This does not mean the heart failure, asthenia, etc.	If means the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which					
DISEASES OR CONDITION		(B)	A CONSEQUENCE OF:		
rise to the above ca UNDERLYING CONDITION	use (A) stating the		A GONGLEGE OI.		
II	1 1031,	(c)	***************************************		
O OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING				
TO THE DEATH BUT NOT REL	EN IN PART 1 (A).	***************************************			******************************
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIVE 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER	198 CONDITION FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes or No)	10 CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
	RLYING 218, PLAC	CE OF INJURY (e.g., in	ar about 2/C. WHERE DID		e City, give exact location)
OR CONTRIBUTING CAUS	FOF home for	m, factory, street, aff	ice bldg., INJURY OCCUR?	h. III pallilloi	City, give exact location)
O 21D. TIME (Month) (Do	y) (Year) (Hour) 21E INJL	JRY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
S (APPROX.)	While At	Not While			
22. I certify that (1) (this	hospital) attended the de		8/2-8/ 10	72 to	0/2:/ ::22
that (1) (we) last saw the		\$1211	,		3/ 19/22 Non death occurred an the date
·	uses stated abave. (1) (We	did) (did not) vi	ew the bady after death.	in(m)/ (001/ 0pm	non death occurred an the date
23A. SIGNATURE		4.3			238. DATE SIGNED
a las	Phololy	Atten	ding Med. S	hoff hys.	8/31/22
23C. PHYSICIAN'S NAME (Typel	H. SiDDia	12	3D. ADDRESS	-	
		GEGREE	Lulheran	Hospile	l
24A. BURIAL CREMATION, 24B.	DATE 24C. NAME	OF CEMETERY OF CREE	MATORY 24D. LO	CATION (Cit	ye town, or county) (State)
Ouria / / 25A. DATE REC'D BY HEALTH' D	1/72 /hTlu	been I	melly Bal	lenna,	Tharyland
CED P ANKA	25B. NAME OF REC	SISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
VS 150-REV. 1/1/68	The state of the s		and warrant wer	V	802 Madeson



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

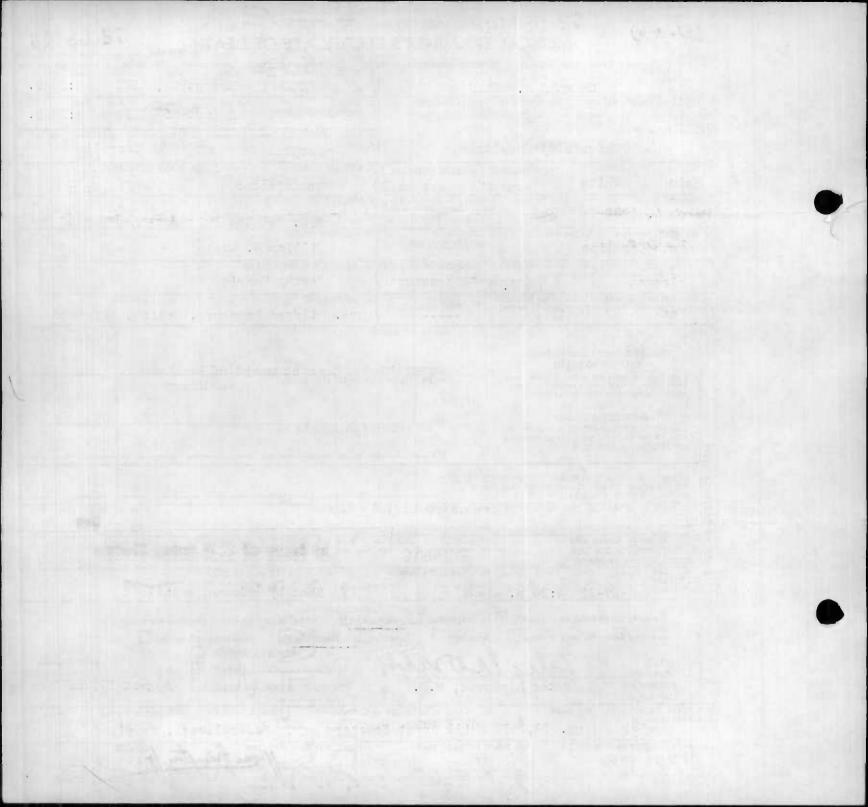
1_1	h-526 72 080	145 BALTIMORE CITY		REG. NO.	72 08445			
	RTH NO.	CERTIFICA	TE OF DEATH	The state of the s	ATE OF MARYLAND-DHI			
	NAME OF DECEASED			D HOUR OF DEATH				
	Gerard J. Be	nkert	Sept	. 2, 197	2   7 A			
3, 1	PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived, If i TY	nstitution: lesidence before admissio			
FU	ILL NAME OF (IF NOT IN HOSPITAL OR I	Md.		2047				
INS	OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	20 S. Caton S	treet	Baltimore YES 🕅 NO					
1	00		e. STREET AND NUMBER 20 S. CatonStreet					
	Baltimore, Ma							
	Male White wind	RRIED NEVER MARRIED DIVORCED DIVORCED	12/16/1905	ost birthdoy) 66 Yrs	If Under 1 Yr. If Under 24 H Months Doys Hours Min.			
AO1	USUAL OCCUPATION (Give kind of work 10 B. KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	gn country)	12. CITIZEN OF WHAT COUNT			
		estaurant	Baltimore,	Md.	U. S. A.			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM					
G	George Benkert, Sr.		Anna Wurm					
15. \ (Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown! (If yes, give wor or doles of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Road			
	No		Mrs. Charles	Rostzku-	6313 Frederick			
_	18. 4//0 0 1	CAUSE OF DEAT			APPROXIMATE INTERVAL			
			-	1- 1	BETWEEN ONSET AND DEA			
- 1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
	This does not need the mode of duties (A) IMMEDIATE CAUSE COMMEDIATE CAUSE							
	this does not meen the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,							
	injury or camplication which caused death.							
	ANTECEDENT CAUSES / black Apple 1							
		(B) (Mill)	Willes U.C.	MAMITTE	ellen y			
- 1	DISEASES OR CONDITIONS, if any, g	jiving DUE TO, OR AS	A CONSEQUENCE OF:					
	rise to the abave cause (A) stating UNDERLYING CONDITION last.	(C)						
	\\\(\sigma_{\sigma}\)							
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	ING						
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	IDII 9			,			
ğΙ	I TO THE DEATH BUT NOT RELATED TO THE TERMI	INAL						
		INAL	100					
U	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE	FINDINGS CONSIDERED			
ERTIFIC	19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION		IN CERTIFIING CA	CUSES OF DEATH?			
CERTIFIC	19A-DATE OF OPERATION 198 CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FOR WHICH OPERATION  218 PLACE OF INJURY le.g., in home, form, foctory, street, of		IN CERTIFIING CA	FINDINGS CONSIDERED LUSES OF DEATH?			
ICAL CERTIFIC	19A-DATE OF OPERATION 198. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	FOR WHICH OPERATION		IN CERTIFIING CA	CUSES OF DEATH?			
DICAL CERTIFIC	19A-DATE OF OPERATION 198. CONDITION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D-TIME (Month) (Day) (Year) (Hourd	FOR WHICH OPERATION  218, PLACE OF INJURY le.g., in home, form, foctory, street, of etc.)		(If In Beltimo	CUSES OF DEATH?			
MEDICAL CERTIFIC	19A-DATE OF OPERATION 198. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	POR WHICH OPERATION  218, PLACE OF INJURY le.g., in home, form, foctory, street, of etc.)  218, INJURY OCCURRED  While At Not While	n or obout 21C, WHERE DID fice bidg., INJURY OCCUR?	(If In Beltimo	CUSES OF DEATH?			
MEDICAL CERTIFIC	19A-DATE OF OPERATION 198. CONDITION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D-TIME (Month) (Doy) (Year) (Hour) 1APPROX.1	FOR WHICH OPERATION  218 PLACE OF INJURY le.g., in home, form, foctory, street, of etc.)  21E INJURY OCCURRED  While At Not While Work  Not While At Work	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If In Beltimo	CUSES OF DEATH?			
MEDICAL CERTIFIC	19A-DATE OF OPERATION 19& CONDITION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D-YIME (Month) (Doy) (Year) (Hour APPROXI)  22. 1 certify that (I) (this hospital) attended	FOR WHICH OPERATION  218, PLACE OF INJURY le.g., in home, form, foctory, street, of etc.)  218, INJURY OCCURRED  While At Not While Work  ded the deceased from	21F. HOW DID INJU	(If In Boltimo	re City, give exoct location)			
MEDICAL CERTIFIC	19A-DATE OF OPERATION 19& CONDITION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D-YIME (Month) (Doy) (Year) (Hour APPROXI)  22. 1 certify that (I) (this hospital) attended	FOR WHICH OPERATION  218, PLACE OF INJURY le.g., in home, form, foctory, street, of etc.)  218, INJURY OCCURRED  While At Not While Work  ded the deceased from	21F. HOW DID INJU	(If In Boltimo	re City, give exoct location)			
MEDICAL CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D-TIME (Month) (Day) (Year) (Hourd OF INJURY 1APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive	FOR WHICH OPERATION  218, PLACE OF INJURY le.g., in home, form, foctory, street, of etc.]  21E, INJURY OCCURRED  While At Not While Work  ded the deceased from	21F. HOW DID INJU	(If In Boltimo	re City, give exoct location)			
MEDICAL CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D-TIME (Month) (Day) (Year) (Hour) OF INJURY 1APPROX.1  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated about 19B	FOR WHICH OPERATION  218, PLACE OF INJURY le.g., in home, form, foctory, street, of etc.]  21E, INJURY OCCURRED  While At Not While Work  ded the deceased from	21F. HOW DID INJU	(If In Boltimo	re City, give exoct location)  19 72  htan death accurred an the de			
MEDICAL CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D-TIME (Month) (Day) (Year) (Hourd OF INJURY 1APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive	FOR WHICH OPERATION  218. PLACE OF INJURY leage in home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased fram  ve. (I) (We) (dId) (dId nat) v	21F. HOW DID INJU	(If In Boltimo	re City, give exoct location)			
MEDICAL CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined)  21D-TIME (Month) (Doy) (Year) (Hour OF INJURY 1APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE	FOR WHICH OPERATION  218 PLACE OF INJURY ie.g., in home, form, foctory, street, of etc.)  21E, INJURY OCCURRED  While At Not While At Work  ded the deceased fram  ve. (I) (We) (did) (did nat) v	21F. HOW DID INJU	(If In Boltimo	re City, give exoct location)  19 72  Intan death accurred an the de			
MEDICAL CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined)  21D-TIME (Month) (Doy) (Year) (Hour OF INJURY 1APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE	FOR WHICH OPERATION  218, PLACE OF INJURY le.g., in home, form, foctory, street, of etc.)  218, INJURY OCCURRED  While At Not While Work  ded the deceased fram  ve. (I) (We) (did) (did nat) v	21F. HOW DID INJU	(If In Boltimo	re City, give exoct location)  19 72  Intan death accurred an the de			
MEDICAL CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D-TIME (Month) (Day) (Year) (Hour) OF INJURY 1APPROX.1  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated about 19B	FOR WHICH OPERATION    218. PLACE OF INJURY le.g., in home, form, foctory, street, of etc.)    218. INJURY OCCURRED   While At   Not While Work   At Work	21F. HOW DID INJU	(If In Boltimo	re City, give exoct location)  19 72  Intan death accurred an the de			
MEDICAL CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D-TIME (Month) (Doy) (Year) (Hour OP INJURY 1APPROX.1  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE.	FOR WHICH OPERATION  218. PLACE OF INJURY Ie.g., in home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While Work  ded the deceased from ve. (i) (We) (did) (did not) ve. (ii) (We) (did) (did not) ve. (iii) (We) (did) (did not) ve. (iii) (We) (did) (did not) ve. (iiii) (We) (did) (did not) ve. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	21F. HOW DID INJURY  21F. HOW DID INJURY  19 and the lew the bady after death.  Adding Med. Director 15  23D. ADDRESS  305 Flittle	(If In Boltimo	re City, give exoct location)  19 72  Intan death accurred an the de			
MEDICAL CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D-TIME (Month) (Doy) (Year) (Hour OP INJURY 1APPROX.1  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE.	FOR WHICH OPERATION  218, PLACE OF INJURY le.g., in home, form, foctory, street, of etc.)  21E, INJURY OCCURRED  While At Not While Work  ded the deceased fram  ve. (I) (We) (did) (did nat) v  Attended to the deceased fram Attended to the decease	21F. HOW DID INJURY  21F. HOW DID INJURY  19 and the lew the bady after death.  Adding Med. Director 15  23D. ADDRESS  305 Flittle	IRY OCCUR?  9 2 3 ta 3 It In (my) (aur) applys,	re City, give exoct location)  19 72  Intan death accurred an the de			
MEDICAL CERTIFICA	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D-TIME (Month) (Doy) (Year) (Hourd OF INJURY 1APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and from the causes stated above and haur and from the causes stated above 23A. SIGNATORE,  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE  REMOVAL 1Specify!  BURIAL OPERATION, 24B. DATE  24B. DATE  24B. DATE  24B. DATE  25   Physician'S NAME (Type)	FOR WHICH OPERATION  218, PLACE OF INJURY le.g., in home, form, foctory, street, of etc.)  21E, INJURY OCCURRED  While At Not White At Work  ded the deceased fram  ve. (I) (We) (did) (did nat) v  Attended to the deceased fram Attended to the dece	21F. HOW DID INJURY OCCUR?    21F. HOW DID INJURY OCCUR?	(If In Boltimo	re City, give exoct location)  19 72  Intan death accurred an the do  238, DATE SIGNED  238, DATE SIGNED  (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
MEDICAL CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominet)  21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY 1APPROX.1  22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated above 23A-SIGNATORE  23C-PHYSICIAN'S NAME (Type)  23C-PHYSICIAN'S NAME (Type)  24B. DATE 24B. DA	FOR WHICH OPERATION  218. PLACE OF INJURY Ie.g., in home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While Work  ded the deceased from ve. (i) (We) (did) (did not) ve. (ii) (We) (did) (did not) ve. (iii) (We) (did) (did not) ve. (iii) (We) (did) (did not) ve. (iiii) (We) (did) (did not) ve. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY  19 and that lew the bady after death.  23D. ADDRESS  305 July 12  24D. LO	(If In Boltimo	re City, give exoct location)  re City, give exoct location)  19 72  Intan death accurred an the death accurred and the death accurred accurred and the death accurred accur			
MEDICAL CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D-TIME (Month) (Doy) (Year) (Hourd OF INJURY 1APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and from the causes stated above and haur and from the causes stated above 23A. SIGNATORE,  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE  REMOVAL 1Specify!  BURIAL OPERATION, 24B. DATE  24B. DATE  24B. DATE  24B. DATE  25   Physician'S NAME (Type)	FOR WHICH OPERATION  218. PLACE OF INJURY le.g., in home, form, foctory, street, of etc.)  218. INJURY OCCURRED  While At Not While At Work  ded the deceased fram  ve. (I) (We) (did) (did nat) v  Attemption of CEMETERY of CRE  New Cathedral	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY  19 and the lew the bady after death.  23D. ADDRESS  305 Formattery  Cemetery  Ba	(If In Boltimo	re City, give exoct location)  19 72  Intan death accurred an the do  238, DATE SIGNED  238, DATE SIGNED  19 72  19 72  19 72  19 72  19 72  19 72  19 72  19 72  19 72  19 72  19 72  19 72  10 72  1			
WEDICAL CERTIFICAL	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D-TIME (Month) (Doy) (Year) (Hourd OF INJURY 1APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and from the causes stated above and haur and from the causes stated above 23A. SIGNATORE,  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE  REMOVAL 1Specify!  BURIAL OPERATION, 24B. DATE  24B. DATE  24B. DATE  24B. DATE  25   Physician'S NAME (Type)	FOR WHICH OPERATION  218. PLACE OF INJURY le.g., in home, form, foctory, street, of etc.)  218. INJURY OCCURRED  While At Not While At Work  ded the deceased fram  ve. (I) (We) (did) (did nat) v  Attemption of CEMETERY of CRE  New Cathedral	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY  19 and the lew the bady after death.  23D. ADDRESS  305 Formattery  Cemetery  Ba	IRY OCCUR?  9 2 3 ta 3 ta 1 ta 1 ta 1 ta 1 ta 1 ta 1 ta	re City, give exoct location)  19 72  Intan death accurred an the december of			



W-200 72 08446 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH AND ADDRESS OF DEATH ADDRESS OF DEATH AND ADDRE

72 08446

BIRTH NO.	
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) CHARLES S. WEEKS	OF DEATH Estimoted August 26, 1972 4:30 P.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD August 26, 1972 4:30 P.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  A. STATE  B. COUNTY  Commod 1
University Hospital  6. SEX 7. RACE 8. MARRIED CONTROL MARRIED CONTROL	Maryland
MAKKIED LI NEVER MAKKIED LI	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Westminster YES NO X
9. DATE OF BIRTH March 4, 1924  10. AGE (In yeors   If Under 1 Yr. If Under 24 Hrs. Months, Days   Hours   Min.	RFD. Box 187 Pheasant Road
North Carolina  11. BIRTHPLACE (Stote or foreign country)  North Carolina  12. CITIZEN OF WHAT COUNTRY?	William W. Weeks
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done dyrling most of working lile, even if retired)	
Salesman Kenroy Contractors	Bertha Fodrie
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, nagrunknown) (II yes, give war or dotes of service)	18. INFORMANT ADDRESS
	Mrs. Mildred Ramsburg, Denton, Maryland
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE (	AUSE Gunshot wound of head and
	AS A CONSEQUENCE OF
injury or complication which coused deoth.)	abdomen
DISEASES OR CONDITIONS, IF ANY, GIVING  DISEASES OR CONDITIONS, IF ANY, GIVING	AS A CONSEQUENCE OF:
KISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF
UNDERLYING CONDITION LAST. (c)	
Q	
[F] II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 1208, CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21 AUTORSY2 (Yes or No.)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., UNDERLYING MOR CONTRIB- liome, form, lightory, street, office	In or about 22C, WHERE DID (If to Rollmore City, the every location)
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING ☐ CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour)   22E.INJURY OCCURRED	In or obout 22C. WHERE DID (If in Boltimore City, give exact location) in front of 2324 Eutaw Place
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED.  (ASSENTIAL CAUSE WAS 12B.PLACE OF INJURY (e.g., office, off	In or obout 22C. WHERE DID (If in Boltimore City, give exact location) in Iront of 2324 Eutaw Place  22F. HOW DID INJURY OCCUR?
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- liome, form, factory, street, office with the contribution of the contributio	In or obout 22C. WHERE DID (If in Boltmore City, give exact location) e bidg., etc.) in front of 2324 Eutaw Place  22F. HOW DID INJURY OCCUR?  WHILE THE COLUMN AND THE PROPERTY OF THE PROPER
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 8-19-72 4:30 p. m. WORK NOT AT W. 23.	In or obout 22C. WHERE DID (If in Boltimore City, give exact location) in Iront of 2324 Eutaw Place  22F. HOW DID INJURY OCCUR?
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 8-19-72 4:30 p. m. WORK NOT AT W. 23.	In or obout 22C. WHERE DID (If in Boltimore City, give exact location) in irront of 2324 Eutaw Place  22F. HOWDID INJURY OCCUR?  WHILE Shot by unknown assailant  topsy S and that on this basis, death in my opinion
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) CF INJURY OCCURRED OF INJURY (APPROX.) 8-19-72 4:30 p. m. WORK NOT AT W. 23.	In or obout 22C. WHERE DID (If in Boltimore City, give exact location) in irront of 2324 Eutaw Place  22F. HOWDID INJURY OCCUR?  WHILE Shot by unknown assailant  topsy S and that on this basis, death in my opinion  Homicide Undetermined monner
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) CF INJURY OCCURRED OF INJURY (APPROX.) 8-19-72 4:30 p. m. WORK NOT AT W.  23.  1 certify that I held an Inquiry Inspection Auresulted from: Natural couses Accident Suicide ACTUAL	In or obout 22C. WHERE DID (If in Boltimore City, give exact location) in Iront of 2324 Eutaw Place  22F. HOW DID INJURY OCCUR?  Shot by unknown assailant  topsy  and that on this basis, death in my opinion  Homicide  Undetermined monner  CHIEF MEDICAL EXAMINER
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. WHILE AT NOT AT WORK	In or obout 22C, WHERE DID (If in Boltimore City, give exact location) bidg, etc.) INJURY OCCUR? In Iront of 2324 Eutaw Place  22F. HOW DID INJURY OCCUR? Shot by unknown assailant  topsy X and that on this basis, death in my opinion Homicide X Undetermined monner  CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 8-19-72 4:30 p. m. WORK  1 certify that I held an Inquiry Inspection Accident Suicide  ACTUAL SIGNATURE EXAMINER'S Peter Lickovic, M.D.	In or obout 22C. WHERE DID (If in Boltimore City, give exact location) in Iront of 2324 Eutaw Place  22F. HOW DID INJURY OCCUR?  Shot by unknown assailant  topsy  and that on this basis, death in my opinion  Homicide  Undetermined monner  CHIEF MEDICAL EXAMINER
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 8-19-72 4:30 p. m. WORK  1 certify that I held an Inquiry Inspection Auresulted from: Natural couses Accident Suicide  ACTUAL SIGNATURE EXAMINER'S Peter Lipkovic, M.D.  24A. BURIAL CREMATION. 124B. DATE  22B. PLACE OF INJURY (e.g., bloome, form, large, of liome, large, of liome, form, large, of liome, form, large, of liome, form, large, of liome, large, of liome, form, large, of liome, large, o	In or obout 22C, WHERE DID (If in Boltimore City, give exact location) bidg, etc.) INJURY OCCUR? In Iront of 2324 Eutaw Place  22F. HOW DID INJURY OCCUR? Shot by unknown assailant  topsy  and that on this basis, death in my opinion Homicide  Undetermined monner  CHIEF MEDICAL EXAMINER  DATE SIGNED  ASSOCIATE MEDICAL EXAMINER  August 27, 1972
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 8-19-72 4:30 p. m. WORK  1 certify that I held an Inquiry Inspection Auresulted from: Natural couses Accident Suicide  ACTUAL SIGNATURE EXAMINER'S Peter Lipkovic, M.D.	In or obout 22C, WHERE DID (If in Boltimore City, give exact location) bidg., etc.) INJURY OCCUR? In Iront of 2324 Eutaw Place  22F. HOW DID INJURY OCCUR? Shot by unknown assailant  topsy X and that on this basis, death in my opinion  Homicide X Undetermined monner  CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER AUgust 27, 1972  or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 8-19-72 4:30 p. m. WORK  1 certify that I held an Inquiry Inspection Au resulted from: Natural couses Accident Suicid  ACTUAL SIGNATURE EXAMINER'S Peter Lipkovic, M.D.  224A. BURIAL CREMATION, 248. DATE  24C. NAME of CEMETERY	In or obout 22C. WHERE DID (If in Boltimore City, give exact location) bidg., etc.) INJURY OCCUR? In front of 2324 Eutaw Place  22F. HOW DID INJURY OCCUR?  WHILE Shot by unknown assailant  topsy and that on this basis, death in my epinion  Homicide Undetermined monner  CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER AUgust 27, 1972  or CREMATORY  24D. LOCATION (City, town, or county) (Stote)  Federalsburg, Maryland
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22D. TIME (Month) (Doy) (Year) (Hour) 23.  1 certify that I held an Inquiry Inspection Au resulted from: Natural couses Accident Suicid  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify) Burial  Aug. 29, 1972  22B. PLACE OF INJURY (e.g., thome, form, locitory, street, office (Hour) 22E.INJURY OCCURRED WHILE AT NOT AT W WORK  Inspection Au Accident Suicid  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify) Burial  Aug. 29, 1972  Hill Crest C	In or obout 22C, WHERE DID (If in Boltimore City, give exact location) bidg., etc.) INJURY OCCUR? In Iront of 2324 Eutaw Place  22F. HOW DID INJURY OCCUR?  Shot by unknown assailant  topsy   and that on this basis, death in my opinion  Homicide   Undetermined monner  CHIEF MEDICAL EXAMINER  DATE SIGNED  ASSISTANT MEDICAL EXAMINER  August 27, 1972  or CREMATORY  24D. LOCATION (City, town, or county) (Stote)  emetery   Federalsburg, Maryland  25C. FUNERAL DIRECTOR  ADDRESS
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22D. TIME (Month) (Doy) (Year) (Hour) 23.  1 certify that I held an Inquiry Inspection Au resulted from: Natural couses Accident Suicid  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify) Burial  Aug. 29, 1972  22B. PLACE OF INJURY (e.g., thome, form, locitory, street, office (Hour) 22E.INJURY OCCURRED WHILE AT NOT AT W WORK  Inspection Au Accident Suicid  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify) Burial  Aug. 29, 1972  Hill Crest C	In or obout 22C, WHERE DID (If in Boltimore City, give exact location) bidg., etc.) INJURY OCCUR? In Iront of 2324 Eutaw Place  22F. HOW DID INJURY OCCUR?  Shot by unknown assailant  topsy   and that on this basis, death in my opinion  Homicide   Undetermined monner  CHIEF MEDICAL EXAMINER  DATE SIGNED  ASSOCIATE MEDICAL EXAMINER  August 27, 1972  or CREMATORY  24D. LOCATION (City, town, or county) (Stote)  Federalsburg, Maryland  25C. FUNERAL DIRECTOR  ADDRESS



	. 1	72	08447	BALTIMORE CITY	HEALTH DEPARTMENT	_/	
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3. PI	LACE IN BALTI	MORE, MARYLAND, W		INCED DEAD	4. USUAL RESIDENCE (When		stitution: residence before odmission)
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HO!	SPITAL OR	ADDRESS OR LOCA	ATION)		BALT I MORE	D. INSII	DE CITY LIMITS?
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			10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTR
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s. V	Vos Deceosed	Ever in U. S. Armed For (If yes, give wor or dote	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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	1B. / 9 9	01		CAUSE OF DEAT	1		APPROXIMATE INTERVAL
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		LEADING TO DEATH		(A) IMMEDIATE CAL	# L	an Justice	/ M.
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		R CONDITIONS, if above cause (A)		DOE TOP ON AS	A CONSEQUENCE OF		L. V. Land Co.
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ICA	19A. DATE OF		IDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
ERTIFIC	19-1-	72 WAS PER	MANA	of Obshurkin		IN CERTIFYING CA	DSE2 OF DEATH?
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O				INJURY OCCURRED	21F. HOW DID INJ	LIBY OCCUP?	
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	23A. SIGNATU	RE /	1	14. D AH	anding Med .	Shoff [ ]	238. DATE SIGNED
	i i	A Luis		DEGREE Phy	nding Med. Director	Staff Phys.	09/02/72
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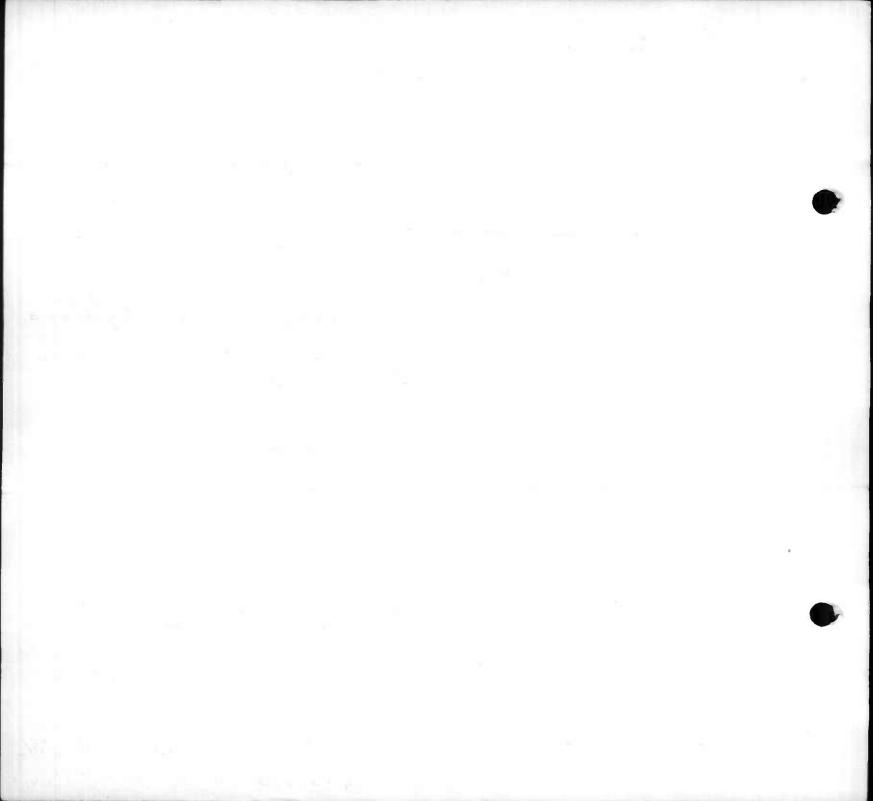
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BALTIMORE CITY HEALTH DEPARTMENT 72 08448 REG. NO. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH OF I. NAME OF DECEASED EMMANUEL A. KRAJCOVIC 4. USUAL RESIDENCE (Where deceased lived. Il institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) BALTIMORE. COUNTY C. CITY OR TOWN D. INSIDE CITY UMITS? DUNDALK YES NO X BALTIMORE CITY HS'SP E. STREET AND NUMBER 4940 Eastern Ave. Baltimore, Md. 21224 9. AGE (In years lost birthdox) 5. SEX 6. RACE & DATE OF BIRTH If Under 1 Yr. Months: Days If Under 24 Hrs. Hours Min. MARRIED NEVER MARRIED Caucasion male WIDOWED DIVORCED IOA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if reffred) MARYLAND USA ADMIN. TOWER CONTROL -- AIRCRAFT 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME KRAJCOVIC GASPARIVIC John Agnes 15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (if yes, give war or dates of service) 7. INFORMANT & SOCIAL 4940 Eastern Ave. ADDRESS SECURITY NO. BCH Records: Baltimore, Md. 21224 YES WW II 220072733 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH HRS ARREST (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, aethenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. AUTOPSYT (Yes of No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 218 PLACE OF INJURY le.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCURY otc.) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (il in Boltimore City, give exact location) MEDICAL DEATH (notily medical examined 21D. TIME OF INJURY obtained (Month) (Doy) (Year) (Houd 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At IAPPROX.) At Work Work 9/1 22. I certify that (4) (this hospital) attended the deceased from that (H) (we) lost saw the deceased alive on. pe ond that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated above. (4) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B DATE SIGNED Attending Med. approval Phys. DEGREE 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 4940 Eastern Ave. LIPTOR TARK Baltomore. Md. DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify) 24C. NAME of CEMETERY of CREMATORY (City, town, or county) BURIAL 9/5 /1972 OAK LAWN MARYLAND CO 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C HUNERAL ERRECTOR E P BROOKS BRADKEY. DUNDALK.MD VS 150-REV. 1/1/68

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	e or Print)					Aug. 30, 19		5	А м.
	LL NAME OF	TIMORE MARYLAND, V			4. USUAL RESIDENCE A. STATE B.	(Where deceased li COUNTY	ved. If institutio	n: residence before	odmissian)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		C. CITY OR TOWN		D. INSIDE CIT	Y LIMITS?	1			
	US Publ	ic Health Ser	rvice Ho	spital	Washing to		YES	□ NO □	
0		100 Wyman Par	rkway			costia Rd.	Apt.		
5. 5	_	6. RACE	7. MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE ()n ye	ors If U	nder 1 Yr. If Un	der 24 Hrs.
	F	Negro	WIDOWED		3/23/19	53	3		
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	Reti		Seam	stress	DC			USA	
13.	FATHER'S NA				14. MOTHER'S MAIDE				
	W	illiam Drui	tt		Este:	lle Thomas			
		Ever in U. S. Armed Fo		1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
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	18. 2 0	2.11 4 3	250	CAUSE OF DEAT	н			APPROXIMATE	EINTERVAL
	DISEAS	SE OR CONDITION DI LEADING TO DEATH	RECTLY		- /	probable		Termina	al
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	injury ar camplicotian which coused deoth.)  ANTECEDENT CAUSES  My			cosis fungoio	des		8 yr	s. +	
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	rise la lhe	e abave couse (A) G CONDITION last.		(C)		~~~~~~~~~~~~~~	*****		
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CERTIFIC			IDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes	OI NO) 20B. IF YES	WERE FINDING CAUSES	IGS CONSIDERED OF DEATH?	
CAL CE	OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examiner		PLACE OF INJURY (e.g., ie, form, foctory, street, o			Bollimore City,	give exoct locotion	9)
MEDIC	21 D. T) ME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR			
2	(APPROX.)		Wh	ile At Not Whi	le 🔲				
	22. 1 certify that (V (this haspital) attended the deceased from May 4 19 72, to Aug. 30 19 72,								
	1	last saw the decease		Aug. 30	72	and that in (my) (	_		
	A /	1	/ /	(We) (did) (did hat)					
	and laur and from the causes stated above. (1) (We) (did) (did het) view the body after death.  23A. SIGNATURE								
	Attending Med. Shaff 15 8/30/72 Phys. Director Phys.								
	Jay Lichtenfeld, SA Surg (R)  23D. ADDRESS US PHS Hospital, Balto, Md. 21211								
244	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) (Stote)								
	BURIAL	9/2/197	12 HAD	MONTH MENON TAT	CEMBusos	7601 01111	III . D.O. : -		
		BY HEALTH DEPT		MONY MEMORIAL  OF REGISTRAR	25C. FUNERAL DIR		3831		AVENTE
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and

3	3-436 72	08451 BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT	REG. NO.	72.0845!	
1. N	AME OF DECEASED		2 DATE AN	D HOUR OF DEATH	OR MAKITIMAD DIME	
(Ty	oe or Print) Anna M. So	chlutter	The state of the s	stember 1, 1	9721	
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE B. COUN	e deceased lived. If insti	itution: residence before admission)	
FU	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Manyland		601	
IN:	STITUTION ADDRESS OF LOCA	(ION)	C. CITY OR TOWN	D. INSIDI	E CITY LIMITS?	
	Long Green Nurs	sino Home	Bultimore	<u> </u>	YES NO	
	10		3008 E. Ball	timone Stre	et.	
5. 5	111	7. MARRIED NEVER MARRIED			If Under 1 Yr., If Under 24 His.	
1	· W.	WIDOWED DIVORCED	1/// 92	9. AGE (In years last birthday)	Months Doys Hours Min.	
den	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAA	A.E.		
	McVilliams		2			
15.		ces?   1 6. SOCIAL	17. INFORMANT		ADDRESS	
(Yes	Was Deceased Ever In U. S. Armed Fore ,no or unknown) (If yes, give wor or date:	s of serviced SECURITY NO. 273-70-37464		tter 3008 E.	. Baltimore St.	
	18.4/12	CAUSE OF DEATH		. 1	APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIR	RECTLY 1/4 pag 4	ensivi (ARDI	O. UASCULPY	BETWEEN ONSET AND DEATH	
	LEADING TO DEATH	AND STREET CAN		15005 e		
	(This does not mean the mode of heart failure, asthenia, etc. 11 means	dving, e.c.,	CONSEQUENCE OF:			
	injury at complication which caused	death.)				
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if any, giving					
	rise to the abave cause (A) stating the UNDERLYING CONDITION last. (C)					
	11					
o O	OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING				
A	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	r 1 (A).			***************************************	
RTIF	19A-DATE OF OPERATION 198 CONI	ORMED	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?	
	21A- ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofify medical examines)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If In Bollimore C	City, give exect location)	
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	22, I certify that (I) (this hospital)		1677	•	163=	
l ∤	that (I) (we) last saw the decease				on death occurred on the date	
	and haur and from the causes state	ed ohove. (I) (We)-(Jtd) (did not) vi			and the decomposition of the dole	
	23A. SIGNATURE	or o o tot (1) (11 o) (ala liot) (1	ew the body offer death.	12:	38, DATE SIGNED	
	Earn D	Atter	nding Med.	3 (1.4)		
	23C. PHYSICIANES	DEGREE Phys.	Director 🗀	Staff Phys.	9-6-16	
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS			
		DEGREE				
24A	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CRE			town, or county) (Stote)	
	Burial 9/5/72	2 Oak Lawn Cemet	ery Ba	Ltimore, Man	yland	
25A	DATE REC'D BY HEALTH DEPT.	258 NAME OF REGISTRAS	25C. FUNERAL DIRECTOR		0	
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V5 1	50-REV. 1/1/68	1/12 / 40 (1			1224	

Anna M. Schlutter

September 1, 1972

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Burial

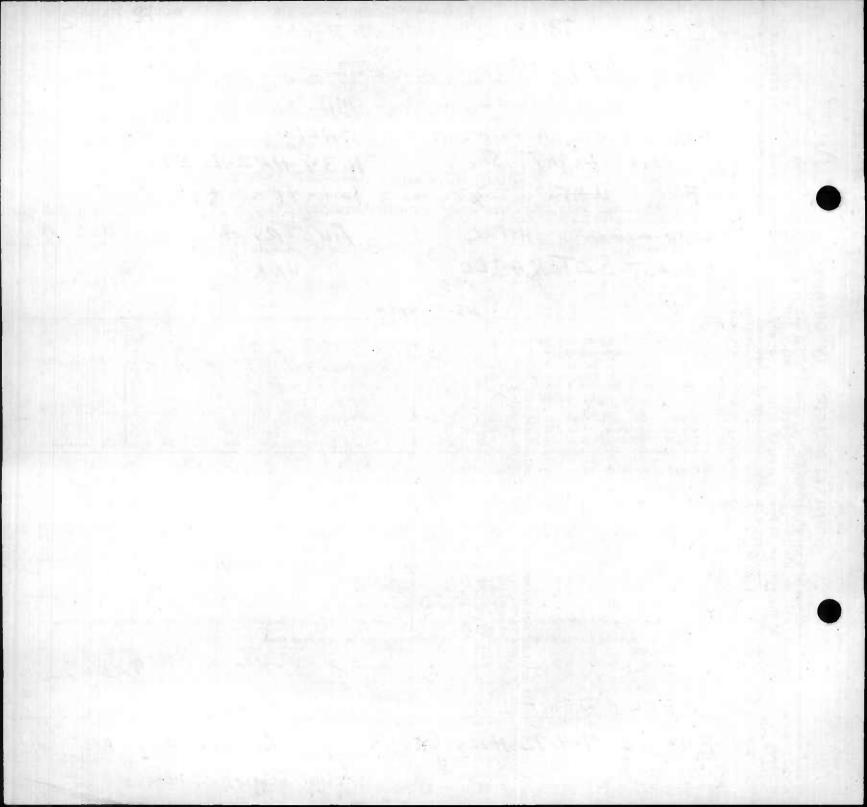
Faring D. Jeding

Oak Lawn Cemetery

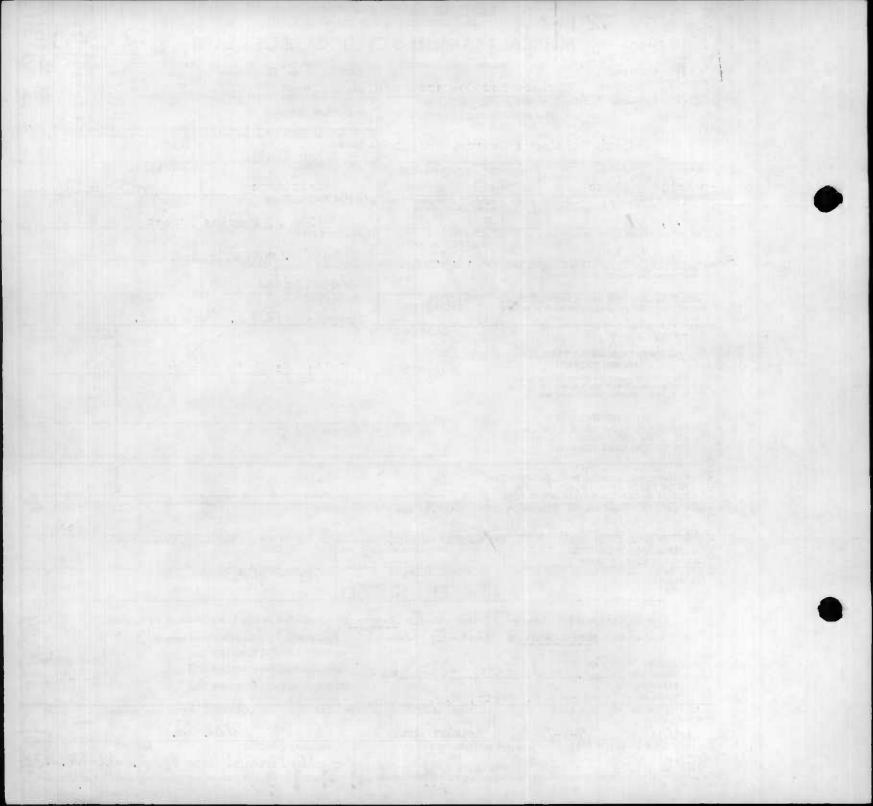
Baltimone, Manyland

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	DRE CITY HEALTH DEPARTMENT 72 08450
I BIRTH NO.	IFICATE OF DEATH
(Type or Print)	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	A. STATE  B. COUNTY  A. STATE
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STI HOSPITAL OR ADDRESS OR LOCATION)	REET MD,  C. CITY OR TOWN D. INSIDE CITY LIMITS?
HARbOR VIEW NURSING HO	
90 1312 Light ST.	1634 HAZEL ST.
5. SEX 6. RACE WhiTe WIDOWED DIVOR	Months Doys Hours Min.
Ida. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR I done during most of working life, even if retired)	
ChAR-WOMAN HOTEL	AUSTRIA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
VINCENT SZIORAJLO	UNK.
15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown)  (If yes, give wor or dates of service)   16. SOCIAL   SECURITY N	
	OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	touro Scharota Candrovas (Dispase & CHF
	DIATE CAUSE  O, OR AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if ony, giving DUET	O, OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C)	
Z CANTANANA CONTRIBUTANO	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	stevanthitis, Yout Years
MIDICEACE OR CONDITION CIMEN IN DART 1 /A)	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	ON 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATI	IN CERTIFYING CAUSES OF DEATH?
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATI WAS PERFORMED  218. PLACE OF INJUDENT WAS UNDERLYING 218. PLACE OF INJU	
DISEASE OF OPERATION 198. CONDITION FOR WHICH OPERATION 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 199. DATE OF OPERATION 199.	URY (e.g., in or about 21C. WHERE DID street, office bldg., INJURY OCCUR?  (IN CERTIFYING CAUSES OF DEATH?  (If In Boltimore City, give exact location)
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	URY (e.g., in or about 21C. WHERE DID street, office bldg., INJURY OCCUR?  (IN CERTIFYING CAUSES OF DEATH?  (If In Boltimore City, give exact location)
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner) etc.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU White At Work	IN CERTIFYING CAUSES OF DEATH?  URY (e.g., in or about 21 C. WHERE DID street office bidg., INJURY OCCUR?  (If In Boltimare City, give exact location)  RRED  21 F. HOW DID INJURY OCCUR?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJU home, form, foctory, etc.)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCU White At	IN CERTIFYING CAUSES OF DEATH?  URY (e.g., in or about 21 C. WHERE DID street office bldg., INJURY OCCUR?  IRRED  21F. HOW DID INJURY OCCUR?  Not While At Work  Tom December 12 19 69 to 19
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF home, form, foctory, etc.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU White At Work 22. I certify that (I) (this hospital) attended the deceased fithat (I) (we) lost sow the deceased alive on Apparatus and hour and from the causes stoted above. (I) (We) (did) (did)	IN CERTIFYING CAUSES OF DEATH?  URY (e.g., in or obout 21C. WHERE DID street, office bidg., INJURY OCCUR?  IRRED  21F. HOW DID INJURY OCCUR?  Not While At Work  19 69 to 19  19 72 ond that in (my) (our) opinion death occurred on the data of the body ofter death.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU White At Work 19 CONTROL OF THE PROX.)  22. I certify that (I) (this hospital) ottended the deceased fithat (I) (we) lost sow the deceased alive on Applications	IN CERTIFYING CAUSES OF DEATH?  URY (e.g., in or obout 21 C. WHERE DID street office bidg., INJURY OCCUR?  IRRED  21 F. HOW DID INJURY OCCUR?  Not While At Work  Tom December 12 19 69 to 19 19 19 19 72 ond that in (my) (our) opinion death occurred on the data of the last of the body ofter death.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJI home, form, foctory, etc.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU White At Work (APPROX.)  22. I certify that (Chis hospital) attended the deceased fithat (I) (we) lost sow the deceased alive on Application on the courses stated above. (I) (We) (did) (di	IN CERTIFYING CAUSES OF DEATH?  URY (e.g., in or obout 21C. WHERE DID street, office bldg., INJURY OCCUR?  INJURY OCCUR?  (If In Boltimare City, give exact location)  INTURY OCCUR?  (If In Boltimare City, give exact location)  INTURY OCCUR?  INTU
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (nohify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU White At Work 22. I certify that (I) (this hospital) attended the deceased fithat (I) (we) lost sow the deceased alive on Application on the courses stoted above. (I) (We) (did) (did) (did) 23A. SIGNATURE	IN CERTIFYING CAUSES OF DEATH?  URY (e.g., in or obout 21C. WHERE DID street, office bidg., INJURY OCCUR?  IRRED  21F. HOW DID INJURY OCCUR?  Not While At Work  Tom Decease 12 19 69 to 19  19 72 ond that in (my) (our) opinion death occurred on the data and the data of t
DISEASE OF OPERATION 198. CONDITION FOR WHICH OPERATION 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 199. CONDITION FOR WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (APPROX.)  21A. ACCIDENT WAS UNDERLYING 1	IN CERTIFYING CAUSES OF DEATH?  URY (e.g., in or about 21 C. WHERE DID street, office bidg., INJURY OCCUR?  IRRED  21 F. HOW DID INJURY OCCUR?  Not While At Work  Tom December 12 19 69 to 19  19 72 and that in (my) (our) opinion death occurred on the data lide not) view the body ofter death.  23 B. DATE SIGNED  Phys. Director Phys. 12 23 D. ADDRESS  DEGREE HARBOR VIEW CONVALENCENT CENTER
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY OR CONTRIBUTING   CAUSE OF home, form, foctory, etc.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU White At Work  22. I certify that (this hospital) attended the deceased for that (I) (we) lost sow the deceased alive on form that courses stated above. (I) (We) (did) (di	IN CERTIFYING CAUSES OF DEATH?  URY (e.g., in or obout 21C. WHERE DID street, office bidg., INJURY OCCUR?  INJURY OCCUR?  (If In Boltimare City, give exact location)  IRRED  21F. HOW DID INJURY OCCUR?  Not While At Work  19 69 to 19  19 19 72 ond that in (my) (our) opinion death occurred on the data of th
DISEASE OF OPERATION 198. CONDITION FOR WHICH OPERATION 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 199. CONDITION FOR WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (APPROX.)  21A. ACCIDENT WAS UNDERLYING 1	IN CERTIFYING CAUSES OF DEATH?  URY (e.g., in or about 21 C. WHERE DID street office bidg., INJURY OCCUR?  IRRED  21 F. HOW DID INJURY OCCUR?  Not While At Work  Tom December 12 19 69 to 19 19 19 19 72 and that in (my) (our) opinion death occurred on the data lide not) view the body ofter death.  Attending Med. Staff 9-3-72  23 D. ADDRESS  DEGREE HARROR VEW CONVALESCENT CENTER
DISEASE OF CONTINION OF THE CONDITION FOR WHICH OPERATION 199A. DATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION 199A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJU home, form, foctory, etc., or contributing cause of DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU White At   22. I certify that (this hospital) attended the deceased fit that (I) (we) lost sow the deceased alive on form the causes stated above. (I) (We) (did) (	IN CERTIFYING CAUSES OF DEATH?  URY (e.g., in or obout 21C. WHERE DID street, office bidg., INJURY OCCUR?  INJURY OCCUR?  (If In Boltimore City, give exact location)  IRRED  21F. HOW DID INJURY OCCUR?  Not While At Work  19 69 to 19  19 72 ond that in (my) (our) opinion death occurred on the data of the d



72 08453 BALTIMORE CITY HE	ALTH DEPARTMENT	
C-362 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	2 08453
1. NAME OF DECEASED (Type or Print)  Christopher Conners	OF Frank D 0 1	72 5:45 A M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 9 1	72 5:45 A.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if Institution: r. A. STATE B. COUNTY	
South Baltimore General Hospital	Maryland	2501
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	
Male White WIDOWED □ DIVORCED □	Baltimore YES	X NO .
9. DATE OF BIRTH 1971 10.AGE (In years I under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET AND NUMBER  1328 S. Charles Street	
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Ronald W.Conner	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF EUSINESS OR INDUSTRY done during most of working life, even if retired)	Sharon Giles	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((I) yes, give wor or dates of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADD	RESS
(Tes, no or unknown) (II yes, give wor or odies of service)	Parents 1328 S. Charles St.	
19. / CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH  (This does not meen the mode of dying, e.g.,  DUE TO, OR.	CAUSE Sudden death in infancy	
heart foliure, osthenio, etc. It means the disease, liqury or complication which coused death.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES  (B)  DUE TO, OR  DUE TO, OR	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	21. AUTOPSY? (Yes or No)
	In or about 22C WHERE DID (II in Baltimore City also exact	Yes
UNDERLYING OR CONTRIB- home, farm, factory, street, affic	In or obout 22C. WHERE DID (II in Boltimore City, give exact to bidg., etc.) INJURY OCCUR?	iounon,
≥ 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT NOT	WHILE T	
23.		
	topsy 🛮 and that an this basis, death in my of	olnion
resulted fram: Natural causes X Accident Suicident		
ACTUAL M P Plant 11	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MANNEY ME		9-1-72
EXAMINER'S NAME (Type) Marvin S. Platt, M.D.	ASSOCIATE MEDICAL EXAMINER	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)		or county) (State)
Burial 9-5-72 Loudon Park	Balto. Ad.	20.50
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		Fort Ave 21230
SEP 5 1972 Tixture paywork on	McCully Funeral Home 130 E	of the five all 2)0
VS 151-REV. 1/1/68		12



B-415 72 084	BALTIMORE CITY	HEALTH DEPARTMENT		72 (18454
10 110	CERTIFICA	TE OF DEATH	REG NO	HARVIAND TYPE
BIRTH NO.			and the second of the	5. サンドがイントではアメアーカアアド
	24:15 5	2. DATE AN	D HOUR OF DEATH	1- 1 A15
Type or Print BLEVINS		Q.	5 3 72	5 10 A.N
. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceosed lived. If insti	itution: residence before admission
ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)  1 STITUTION	ISTITUTION, GIVE STREET	MAYRY LAND C. CITY OR TOWN	AA	E CITY LIMITS?
		BALTIMORE		YES NO
BOUTH BALTIMORE GE	NECAL	E. STREET AND NUMBER		TES NO L
+3 HOSPITAL		8 BALLHAT	J CT. 21.22	5
	NED STATES IN ABOUT T		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
MARK	NEVER MARRIED		lost birthdoy)	tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
TALE WHITE WIDOV		5/15/20	52	
USUAL OCCUPATION (Give kind of work 10B, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
e during most of working life, even if retired)		W. Us		
oute Salesman H S Bak	ery	W. U.A		U.S.A
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
BURT ( DOA) Die		0.11	2	
Burr (Dec.) Blevins		CALLYIA (DEC	) Mille	r
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	1	ADDRESS
(no or unknown) (Iff yes, give wor or dotes of servi		W 73 •	0 5 33	
s WW2 9/22/41 2/9/42	236 1.8 31.97	Mary Blevins	8 Ballman	Court 21.225
18. // / 0	CAUSE OF DEATI			APPROXIMATE INTERVAL
T DISEASE OR COMPLYION DIRECTLY				BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CARDIOGENI	C SHUCK D	J6 15-0
	(A) IMMEDIATE CAU	SE TO LEWIE	M.T.	15 hours
(This daes not moon the mode of dying, hearl failure, asthenia, etc. It means the dise	e.g., DUE TO OR AS	A CONSEQUENCE OF:		
injury or complication which coused death.)	ose,			
	100			
ANTECEDENT CAUSES	(B) ASCV	D - C. H.F. A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, give	ving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating				
UNDERLYING CONDITION last.	(C)		*************************	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMIN				
DISEASE OR CONDITION GIVEN IN PART 1 (A).		144		
19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED
TO WAS TENIORIVIED			CERTIFIENG CAUS	L3 OF DEATH:
TA. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore (	City, give exoct location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	to the political of	ony, give exoct locotion;
DEATH (notify medical examiner)	etc.)			
PID. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	IBA OCCIIBS	
OF INJURY			JAI OCCOK!	
(APPROX.)	While At Not White			
2. I certify that (I) (this haspital) attende		1	9to	19
that (I) (and) lost saw the deceased alive	on 9[3]	70		on deoth occurred an the dat
			ii iii(iiiy) <del>(oor)</del> opinid	on dealli accurred an the dat
ond haur and from the couses stoted obav	e. (I) <del>(We)</del> (did) ( <del>did not)</del> v	iew the body ofter deoth.		
23A. SIGNATURE			2	3B, DATE SIGNED
M. Concone	7// Atte	nding Med.	Staff -	
/ / Loone	DEGREE Phys		Phys.	
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type)				
MIRUSLAU KOUACE	JIC H.D DEGREE			
BURIAL CREMATION, 248. DATE 240	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City,	town, or county) (State)
REMOVAL (Specify)			(307)	13:016/
Burial 9/6/72 C	edar Hill Cem	etery A.	A.Co, Mary	land
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	and y many	ADDRESS
17				
CEBR STOS - NOON	The second of	George J. Go	mce 4001. R	itchie Highway
	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		***	

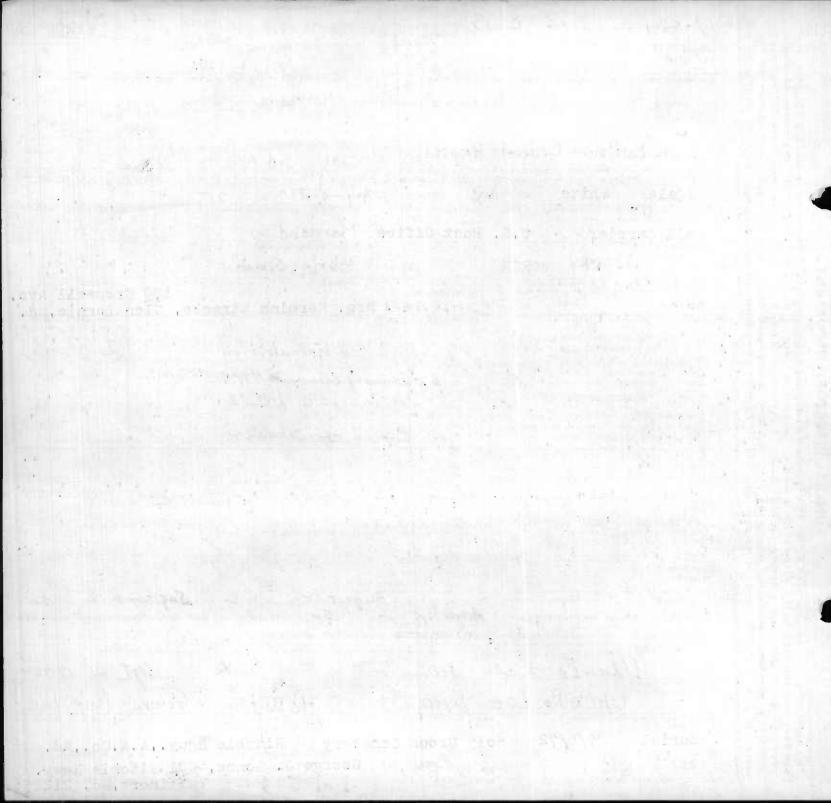
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singsto four exercises

1.	1 MO LOAPH DA	ALTIMORE CITT HEALTH DEPARTMENT	
L	)-620 72 08455 CI	ERTIFICATE OF DEATH	REG.
	H NO. AME OF DECEASED	2, DATE AND HOUR	R OF
(Тур	or Print) Worch Herman J	Sept. 2. 1	91
3. 1	LACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED D	DEAD 4. USUAL RESIDENCE (Where deceos	ed I
		Mayyl d	1
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GI SPITAL OR ADDRESS OR LOCATION) TITUTION	C. CITY OR TOWN	
IN 2	ITOTION	Baltimore	
~	South Baltimore General Hospi	E. STREET AND NUMBER	
-	Journ ballimore general (105)	201 3rd Ave	
5. S	MARKIED   INCAC	R MARRIED 8. DATE OF BIRTH 9. AGE (	
	Male white WIDOWED X	DIVORCED [ Aug -7-1897 )	5
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINES	S OR INDUSTRY 11. BIRTHPLACE (State or foreign country	ry)
	Mail Carrier U.S. Post	office Maryland	
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	HENRY WORCH	Marie, Simon	
5. 1	Vos Deceased Ever in U. S. Armed Forces? 16. SOCI	IAL 17. INFORMANT	
		URITY NO.	
_ '		12 - 2676-A Mrs. Hermina Str	ac
	DISEASE OR CONDITION DIRECTLY		
П	LEADING TO DEATH	NIMMEDIATE CAUSE ) malnutrition	
	(This daes not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	DUE TO OR AS A CONSEQUENCE OF	-
	injury or camplication which caused death.)	2) polmonary edema > Hypop	10
	ANTECEDENT CAUSES	vesico-colic Listula	
П	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A CONSEQUENCE OF:	10000
	rise to the above cause (A) stoting the UNDERLYING CONDITION last.	, Cancer of Bladder	
Ш	11-	· · · · · · · · · · · · · · · · · · ·	_
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
CATIO	DISEASE OR CONDITION GIVEN IN PART 1 (A).		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	PERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF	
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE O	OF INJURY (e.g., in or about 21 C. WHERE DID	(If i
AL	OR CONTRIBUTING CAUSE OF home, farm, (etc.)	factory, street, office bldg., INJURY OCCUR?	/,,
U	210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY	OCCURRED 21F. HOW DID INJURY OC	CIL
MEDI	OF INJURY	Not While	CUI
	Work L	At Work	
	22. I certify that (1) (this haspital) attended the decea	osed from August 5 19 12	to
	that (1) (we) last saw the deceased alive on August	Sept 2 19 72 and that in (m)	y)
	and haur and from the causes stated above, (1) (We) (d		
	23A. SIGNATURE		
	Ulunto Lee 1	1 D DEGREE Phys. Attending Med. Director Phys.	1
	23C. PHYSICIAN'S NAME (Type)	23 D. ADDRESS	
	Uhun Ko LEE	MD South Baltimo	V
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of C	DEGREE JOHN 1241   MC	V
	- 11/1-0	ross Cemetery Ritchie	,
25A	. DATE REC'D BY HEALTH DEPT   258. NAME OF REGIST	BAR 25C. FUNERAL DIRECTOR	
	SELD 1215 Dend William	George J. Gonce	2 ,
	150-REV, 1/1/68		

ATE OF 72 S,00 A M lived. If institution: residence before admission) D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 109 Cromwell Ave. ke. Glen APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH teinemia. S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH? in Boltimore City, give exact location) Saptember 2 1972. aur) apinion death occurred on the date 238. DATE SIGNED Hgwy . A.A.Co.Md. 4001 Ritchie Hgwy. Baltimore, Md. 21225



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

1	1 200						ALTH DEPARTME			72 08456	
BIR	-220 TH NO.	100	72	0845	6 CERTIFIC	CATE			REG. NO.		
	e or Print)			Ura	COCK JI	-	2. D	-00	D HOUR OF DEATH	19/20	
2 1	LACE IN BALT	7AKCE	TS C	OF BRONG	LOCIC JI		USUAL RESIDENC	-	3 e - 72	stitution: residence before admission)	:
FU	ERTI LE NAME OF SPITAL OR	TCA (IF NOT	IN HOSPITAL	OR INSTITUTE	NDED	Α.	MD B.	COUNT	ΤΥ	2551	
INS	NOITUTION		BALI		DRE 0/29/7	3	BALT 14	IOR		YES NO NO	
0.000		NER.		Host	PITAL	11	STREET AND NUM		RHILL	00	
5. S		6. RACE	-		NEVER MARRIED	8. 0	ATE OPBIRTH / 2	-27 9	AGE (In years	If Under 1 Yr., If Under 24 Hrs.	-
1	MALE	WHI	TE	WIDOWED	DIVORCED	/x	社会会会・イグー	10	51 /2.	Months Doys Hours Min.	
	. USUAL OCCU  during most of w			B. KIND OF	BUSINESS OR INDUS	STRY 111.	BIRTHPLACE (State	14.000	gn country)	12. CITIZEN OF WHAT COUNTRY	
	CONS	TRUC	TION				MD			USA.	
13.	FATHER'S NAN		-			14.	MOTHER'S MAID	ENNAM	A E		
	CHAR	LES	2. 57				Maude	E. B	ramble		
15. Yes	Was Deceased (,no or unknown)	Ever in U.S. (If yes, give	Armed Forces	s? of service)	1 6. SOCIAL SECURITY NO.	17.	INFORMANT		CH ( D 01	Balto.21229	
	yes	WW 1	1		218-05-7252	-	VILLIAM		7 L. (1949)1	Balto.21229 1023 Haverhill I	Rd
	18. 185	XI			CAUSE OF D	EATH				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		EADING T	DITION DIREC	CTLY							
	(This does no	I meon the	mode of d		(A) IMMEDIATE	CAUSE	NSEQUENCE OF:				
	heart failure, a										
		NTECEDEN			end	20.01	100 B.	See A T	C Mare MI	TAIMER FALL	7
	DISEASES O			v aivina	(B) DUE TO, OI	RASAC	ONSFOLIENCE OF	3/7/	E WITH ME	TASTABLES O MONEY	K
	rise to the	above c	ause (A) s								
	UNDERLYING	CONDITIO	N losi.		(C)						
NO	OTHER SIGNIF										
ATI	TO THE DEATH										
CERTIFICATIO	19A. DATE OF	OPERATION	19B. CONDI WAS PERFO		WHICH OPERATION		20 A. AUTOPSY? (Ye	s or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
AL CE	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAL	JSE OF	21B.	PLACE OF INJURY (e., form, foctory, stree	e.g., in or et, office	obout 21 C. WHERE bldg., INJURY OC	DID CUR?	(If in Boltimor	e City, give exact location)	
JIC.							015				
MEDIC	21 D. TIME OF INJURY	(Monin) (D	ay) (Year) (		ile At Not	While _	217. HOW D	ונאו מוכ	JRY OCCUR?		
-	(APPROX.)			Wo		Vork L					
	22. I certify	that (1) (thi	s haspital)	attended t	he deceased fram		8.2	8. 1	9 7 d ta	8.30, 19.72	,
	that (I) (we)	last saw th	e deceased	alive an	8.	29				nian death accurred an the date	
	and have and	fram the c	auses stated	abave. (	(We) (did) (did no						
	23A. SIGNATUI	E ,	-							23 B. DATE SIGNED	-
	1.	7. K	Ball	ak	M.D.	Attendir Phys.	g Med.		Staff Phys.	Garly 30 72	
	23C. PHYSICIAI	V'S			DEGREE!		ADDRESS		,	, , , ,	-
	NAMETTY	IN.	Y. Kt	1AT	TAK M	0					
244	BURIAL CREA	ATION, 24	B. DATE	24C. N	AME of CEMETERY OF	CREMA	TORY	24D. LC	OCATION (C	ity, town, or county) (State)	-
	Buria	1	9-2-1972	2 Lo	oudon Rack I	Park	Cemetery	Wi	lkens Ave.	Balto. Md.	
25A	CED K	1072	DEPT 0 25	B. NAME C	E REGISTRAR		25C. FUNERAL DI		ral Home IN	c.4107 Wilkens Aye	-
	2LL9	1312	Man	MINN		0	A	Tuile.	rat Uome IM	C. +IU/ WIIKells Ave	=
	150-REV. 1/1/6	В		1	4.	. ,		6-4			

6/29/73 - Letter from William T. Heacock, informant and brother of decedent,

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO.  CERTIFICATE OF DEATH  REG. NO. 72 08457  CERTIFICATE OF DEATH  REG. NO. 72 08457  CERTIFICATE OF DEATH  REG. NO. 72 08457	
Type or Print MES. WONA KATHLEEN SVY DO S - 30 92 2 5 GOV	19
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: desidence before adm	M. nission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN  D. INSIDE CITY LYMITS?	70
90 Hard Malescent Ime 3206 BRYANT AVE	
Threate Miller WIDOWED DIVORCED 6"29-1902	4 Hrs.
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  done during most of working life, even if refired)  Bon Secours Convent Penna.  U.S.A.	UNTRY?
13. FATHER'S NAME  Harry Watser  Berthy Tandledecher  15. Wos Docessed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT  ADDRESS	
no   Uf yes, give wor of doles of service)   21722-7919   Kenneth L.Snyder, Sr, 2214 Smith Ave. 212	227
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.)  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (B) DUE TO, OR AS A CONSEQUENCE OF:	
heort failure, asthenia, etc., Il means the disease, injury ar complication which caused death.)  ANTECEDENT CAUSES  DUE TO, OR AS A CONSEQUENCE OF:  AUTHORITIES ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast,  (B)  DUE TO OR AS A CONSEQUENCE OF:  (C)	*****
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	••••
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF   DEATH (notify medical examiner)   21E. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   (If In Boltimore City, give exact location)   OR CONTRIBUTING   CAUSE OF   OR CONTRIBUTING   CAUSE OF   OR CONTRIBUTING   CAUSE OF   OR CONTRIBUTING   CAUSE OF   OR CONTRIBUTING   OR CONTRIBUTING   CAUSE OF   OR CONTRIBUTING   OR CONTRIBUTING   OR CONTRIBUTING   CAUSE OF   OR CONTRIBUTING   O	
21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work Not While At Work	
22. I certify that (I) (this haspital) attended the deceased fram	
that (1) (we) last saw the deceased alive an	e date
and hour and from the causes stated abave. (1) (We) (did) (did nat) view the body after death.	-
Attending Med.   Staff   238 DATE SIGNER   Phys.   Director   Phys.	DAI
NAME (Type) THEL. H. MARIN SALTO MAD 2/229	
24A. BURIAL CREMATION, REMOVAL (Specily) 9-2-1972   Lorraine Park Cemetery   24D. Location (City, town, or county)   (State of California)   (State of	ate)
25A. DSEPS BY HEAVY DENY 23B. NAME OF REGISTRAL 25C. FUNERAL DIRECTOR Hubbard Funeral Home INc. 4107 Wilkens	lve.
VS 150-REV. 1/1/68	

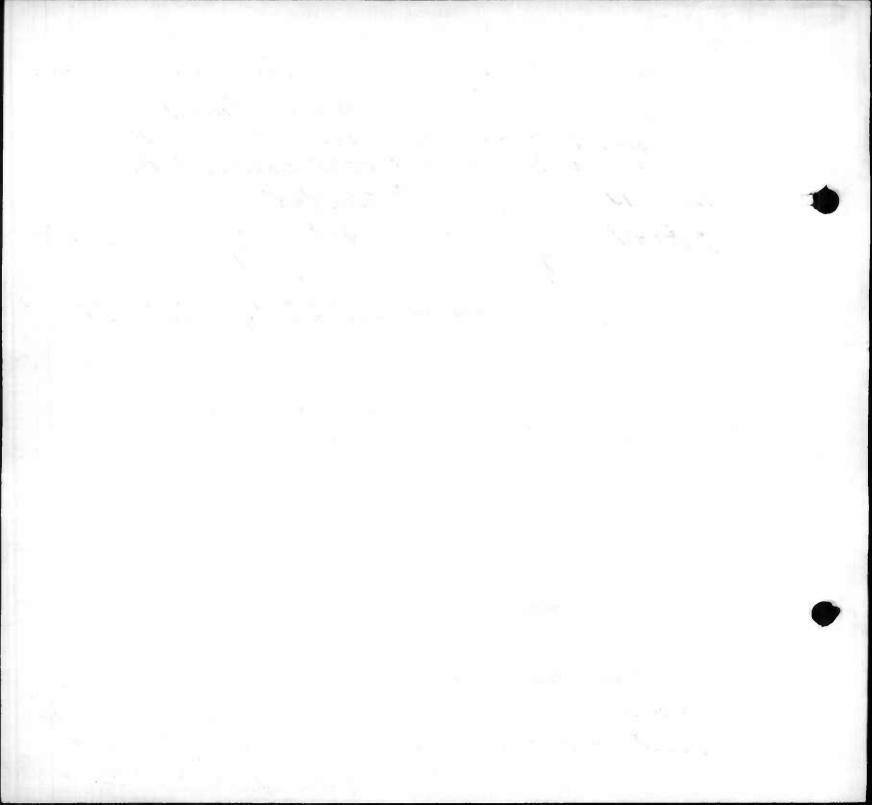
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CIT	TY HEALTH DEPARTMENT
TO 12 08458 CERTIFICA	ATE OF DEATH REG. NO. 12 UO400
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Typo or Print) Innie, Cappoll.	1. + 21th 12 784
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where doceosed lived, If institution: residence before Edmission) A. STATE B. COUNTY
HULL NAME OF HOSPITAL DR INSTITUTION, GIVE STREET ADDRESS DR LOCATIONI	maryland D. INSIDE CITY LIMITS?
2401	Baltimore YESP NOT
3 Thon Secous Hoop	E. STREET AND NUMBER 2401 Gutan Plate de nuisian
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
France White WIDOWED DIVORCED ]	6/29/73 lost birthdoy) Months Doy's Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if refired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Companion	mareland United States
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin Hanrahan	Ellen
15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] (If yes, give war at dates at service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No No of unknown) (If yes, give war at dates of service)   SECURITY NO. 218 -164	Alice Keller 8506 Chestnut Oak 21234
18. L/ / 2 L/   CAUSE OF DEAT	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE arterioscleraly Cardina cula de
	S A CONSEQUENCE OF:
ANTECEDENT CAUSES	
	S A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the	S A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING!	
OISEASE OR CONDITION GIVEN IN PART 1 (A).	20A-AUTOPSY? (Yes or Ne) 208. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFTING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, farm, foctory, street, of DEATH (notify medical examiner)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  (If In Boltimore City, give exact location)
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At The Not While	21F. HOW DID INJURY OCCUR?
Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	191919191919
that (I) (we) last saw the deceased alive an	19 and that in (my) (aur) opinion death accurred an the date
and haur and fram the causes stated above. (1) (We) (did) (did nat)	
23A. SIGNATURE	238, DATE SIGNED
1904 Po Knin HD AH	ending Med. Shoff the 2-2-3
23C. PHYSICIAN'S DEGREE Phy	
NAME (Typo)	23D. ADDRESS
DEGREE	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	
Burial 9/2/72 New Cathedral	Cemetery Balto. City, Md.
25A. DATE REC'D BY HEALTH DEPT . 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
SEPS 1977 TOWNSONT	William E. Johnson 8521 Loch Raven
VS 150-REV. 1/1/68	THE PART OF THE PA

This cortificate must be approved by the chief medical examiner or his assistant if death accurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	7 ,-1	BALTIMORE CITY	HEALTH DEPARTMENT	MO	00450
	72 084	59 CERTIFICA	TE OF DEATH	REG. NO.	U8459
	NAME OF DECEASED	/		HOUR OF DEATH	WELLTHUN-DHMH
		ENRY		30-72	18:40 A.M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If institution	n: residence before admission)
FL	ILL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARY.	land	100-
IN	STITUTION S CY KE /And	NURSING	C. CITY OR TOWN	D. INSIDE CIT	
1	90 Home	io aresing	E. STREET AND NUMBER	YES	NO []
	1501 N. Du	elle land st.	1038 BRe	stured A	ve.
5.	SEX 6- RACE N 7- MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years 74 If U	nder 1 % If Under 24 Hrs.
1	WIDO LUSUAL OCCUPATION (Give kind of work 10 B. KIN		3/25/98		
do	e during most of working life even if retired)	D OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (Stote or toreign	(12, Country)	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		9 ' '		U.S.A.
11.7	2		14. MOTHER'S MAIDEN NAME	7	
15.	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	,	ADDRESS
(Ye	Was Deceased Ever in U.S. Armed Forces? s, no or unknown) (If yes, give war or dates of serv		Dukeland	1,50/1	1. Dukeland
-	18. // 4/ 52	248-24-0.	586 NUNSIN	19 Hume	APPROXIMATE INTERVAL
	DISEASE OF CONDITION DIRECTLY	CAUSE OF DEATH	,		BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	ISE CONCESTIVE	HEART FAILUR	ac
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	<del>1000000000000000000000000000000000000</del>	
	injury or camplication which caused death.)  ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if any, gi	(8) V	A CONSEQUENCE OF:	LtalA	***************************************
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the	1 Zure DISOR	0 / 0	
	THE CONDITION ISS.	(c)	7 4 10 073 076	0 6 7	***************************************
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
A	TO THE DEATH BUT NOT RELATED TO THE TERMINISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	********************		***************************************
ERTIFIC	19A. DATE OF OPERATION 19R. CONDITION WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDIN	GS CONSIDERED
E E	21A. A CCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n or obout 21C, WHERE DID	(If In Baltimore City,	give exact location!
Z Z	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	hame, form, factory, street, of	fice bldg., INJURY OCCUR?		give sactification,
	21D-TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
2	OF INJURY (APPROX)	While At Work At Work	• 🗆		
	22. I certify that (I) (this haspital) attend			to	19
	that (I) (we) last saw the deceased alive	on	19and that		
	and haur and fram the causes stated above				
	23A. SIGNATURE				ATE SIGNED
	Phillip & Bond		Director L Ph	off N	130/72
	23C. PHYSICIAN'S NAME (Type)	7	23D. ADDRESS	,	BAlto,
	Phillipe ou	Rd MD DEGREE	4200 Ea	mondson	1 Ave and.
247	REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	MATORY 24D. LOC	ATION (City, town	n, or county) (State)
	Eureal 9/5/12	m Can	1 4.	a. County	per !

VS 150-REV. 1/1/68



B-652 STATE OF MARYLAND-DEME

72 (1846) BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO

72	084	30

BIRTH NO.	REG, NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) RUDOLPH BARNES	OF DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD September 1, 1972 4:30 P
2016 E. Lafayette Avenue	A. STATE Maryland B. COUNTY 8 6 6
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro widowed □ divorced □	Baltimore YES NO
9. DATE OF BIRTH  9/2//5/2  10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.	2016 E. Lafayette Avenue
11. BIRTHPLACE (State or foreign country)  Balto MI  12. CITIZEN OF WHAT COUNTRY?	FRANK BARNES
14A.USUAL OCCUPATION (Give kind of work)  done during most of working life, even if retired)  5 TUEN T	Nother's Maiden NAME Knight
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	Per Frank Banes 2016 E. Lafarette A.
CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	DELITERY ORSEL AND DEATH
LEADING TO DEATH (A)IMMEDIATE (	Narcotic Addiction
	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED   21. AUTOPSY? (Yes or No)
<del> </del>	yes
UNDERLYING OR CONTRIB- home, form, foctory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) e bldg., etc.) INJURY OCCUR?
UTING L CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT MOT	WHILE
23.	VORK
I certify that I held an Inquiry Inspection Au	topsy X and that an this bosis, death in my apinlon
resulted from: Notural couses A Accident Suicia	de Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL XIII WILLIAM WILL	ASSISTANT MEDICAL EXAMINER X
SIGNATURE EXAMINER'S NAME (Type)  SIGNATURE  Peter I(ipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER  9/2/72
24A, BURIAL CREMATION, 24B, DATE / 24C, NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, towpron county) (Stote)
REMOVAL (Specify) 9/5/72 mt. autus	m Belto ned.
SEP 5 1972 258. NAME OF REGISTRAR	Deeply S. Locks & 304 M. Central
TOTAL PORTUGUES OF THE STATE OF	Charles Discher Discher

11-20-1972 - Completion of cause of death on a pending medical Examiner Death Certificate - Peter Lipkovic, M.D. HRS

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months ten

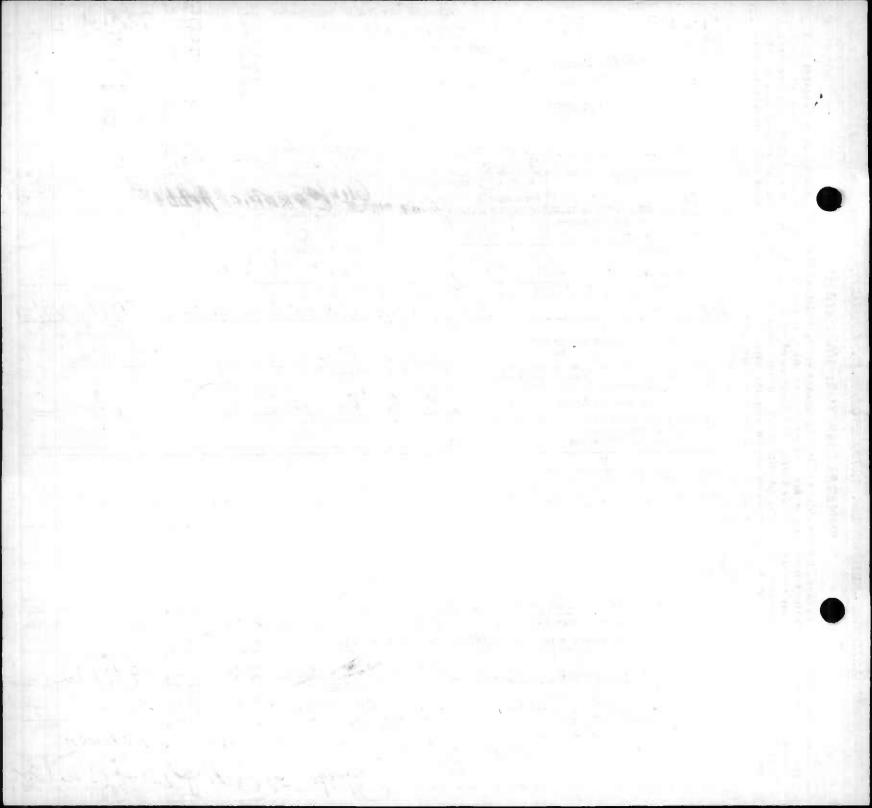
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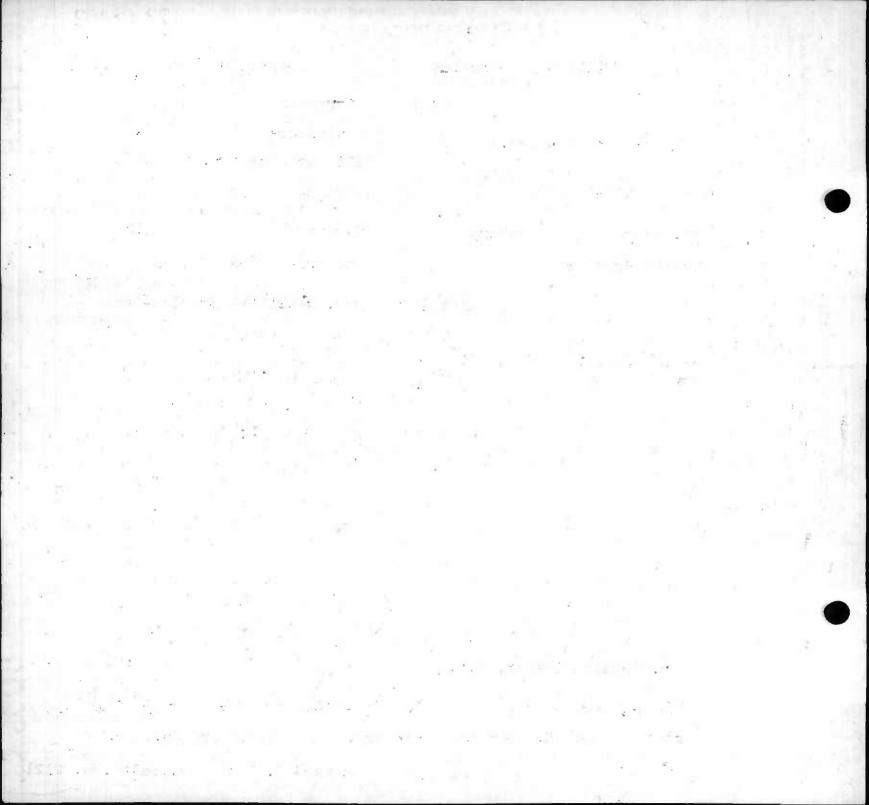
1.12 If Walnu

	B-623 72 0840	7.4	HEALTH DEPARTMENT	72 08451			
	BIRTH NO.  1. NAME OF DECEASED  (Typo or Print)  BARKSDALE, (		2. DATE AND HOUR OF 1	DEATH			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased live				
	FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	Indiana  c, city or town	D. INSIDE CITY LIMITS?			
	3		Fort Wayne	XES NO			
0	The Johns Hopkins Hos	spital	E. STREET AND NUMBER 716 MAD 150N ST				
	5. SEX 6. RACE 7. MARR Male Negro widow	EDEL DIVORCED	8. DATE OF BIRTH 9. AGE (In yeo lost birthdey)	Months Doys Hours Min.			
	10A, USUAL OCCUPATION (Give kind of work 10B, KINE done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME	STALE	14 MOTHER'S MAIDEN NAME ELLA Oliver	,			
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS / //			
	Unknown	306-03 9132	A CARRIE HOBBI	ard 1407 KENDILL AVI			
	18.4/10.91	CAUSE OF DEAT	H .	APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0 h +	20.			
	(This does not mean the mode of dying,	DUE TO, OR AS	A CONSEQUENCE OF:	LLES ( SOM			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES	(B) Prol	able MI	1 hour			
	DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating	ing DUE TO, OR AS	A CONSEQUENCE OF:				
	UNDERLYING CONDITION last.	(c)		*************************			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IG AL					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING	DR WHICH OPERATION	NO 20 A AUTOPSYT (Yes at Na) 20 B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?			
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21 R. PLACE OF INJURY leage, in home, farm, lactory, street, of etc.)	n ar obout 21 C. WHERE DID (If In B	oltimore City, give exoct location)			
	21D. TIME (Manth) (Day) (Year) (Houd	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	(APPROX)	While At Work Not While At Work		/			
	22. I certify that (1) (this hospital) attende	d the deceased fram.	9/1 19/2-10_	9//_19/2			
	that (1) (we) last sow the deceased office an 9/1 19 72 and that in (my) (our) opinion death occurred on the date						
	and hour and from the causes stated above. (1) (Me) (did) (did not) view the bady after death.						
	23A. SIGNATURE 23B. DATE SIGNED						
	W. Michael Turk MrD, Attending Med. Stoff Phys. Biroctor Phys. B 8/1/72						
	W. Michael Tucker		The Johns Hopkins H	Mospital			
	REMOVAL (Specify)  REMOVAL (Specify)  REMOVAL (Specify)	NAME of CEMETERY OF CRE	CEM. FORT WAX	(City, town, or county) (Stote)			
	25A. DATE REC'D BY HEALTH DEPTH 25B. NAM		25C. FUNERAL DIRECTOR	ADDUSS A			
	SEP 5 1972 They	Man 1	Joseph for docks	A 1304A. Canhal Or			
	//			V			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

0	BALTIMORE CIT	Y HEALTH DEPARTMENT	
0 -6 3 4 BIRTH NO.	72 08462 CERTIFICA	ATE OF DEATH REG. NO. 72 08462	MA
(Type or Print)  Willia	am Bredlow	August 30, 1972 //0'.30	PM
3. PLACE IN BALTIMORE, MARYLANI	, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It institution: residence before of A, STATE 8. COUNTY	dmission)
HOSPITAL OR ADDRESS OR I	SPITAL OR INSTITUTION, GIVE STREET	Maryland  c. CITY OR TOWN  D. INSIDE CITY LIMITS?	5
INSTITUTION		Baltimore YES NO	
00 3221 Woodhor	ne Ave.	E. STREET AND NUMBER 3221 Woodhome Ave.	
S. SEX 6. RACE White	7- MARRIED NEVER MARRIED WIDOWED DIVORCED		r 24 Hrs. Min.
10A, USUAL OCCUPATION (Give kind of done during most of working life, even if reti Ret. Baker	work 108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)  Germany  USA	OUNTRY?
13. FATHER'S NAME Gustav Bredlow		14. MOTHER'S MAIDEN NAME Katherine Mink	
15. Was Deceased Ever in U. S. Armei (Yes, na or unknown) (If yes, give war ar	dotes of service)  16. SOCIAL SECURITY NO. 215102186	Mrs. Charlet Bredlow-Same	
DISEASES OR CONDITIONS, rise to the obove cause UNDERLYING CONDITION tost  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED	CONTRIBUTING (C)	S A CONSEQUENCE OF THE CONSEQUEN	*******
DISEASE OR CONDITION GIVEN IN		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in ar about 21 C. WHERE DID (If in Boltimare City, give exact location) office bldg.,	
21 D. TIME (Manth) (Day) (1) OF INJURY (APPROX.)	While At Not Wark		
22. I certify that (I) (this hos	itral) attended the deceased fram	196) to My 30 19	72
	stated abave. (1) (We) (Ald) (di nat)	and that in (my) (gor) apinion death accurred on	the date
23A. SIGNATURE	stated abave. (1) (we) (b) a) (a) a hat)	23B. DATE SIGNED	
Dr. Donald M	intzer, M.D. DEGREE APPH	hending Med. Stoff Director Phys. D	977
PANALOW, MIN	USAL DEGRE		1214
24A. BURIAL CREMATION, REMOVAL (Specify) 9/2,	72 Parkwood Cemet	ery, Baltimore Co., Md.	(Stote) /
25A. DEPCS BY HEALTH DEPT.	rowy who was	Leonard J. Ruck Inc., Balto. Md. 2	21214



1	-152 72 08463 CERTIFIC	ATE OF DEATH REG. NO. 72 08463
.NA	H NO.  AME OF DECEASED  OF Pint!  Joseph Charles LoBianco	AUgust 31, 1972 9 P.
3. PI	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE  B. COUNTY
HO!	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STRUCTURED ADDRESS OR LOCATION)	Maryland  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
0	0	Baltimore YES NO
	2812 Inglewood Ave	2812 Inglewood Ave
	Tale White WIDOWED DIVORCED	May 1.1906 66
E	usual occupation (Give kind of work 108, KIND OF BUSINESS OR INDUST during most of working life, even if retired)  Xecutive (Ret.)  Trucking	Penna. USA
	hatles J. LoBianco	Concetta Spicuzza
5. V Yes,	Vas Deceased Ever in U. S. Armed Farces? In a grunknawn) (If yes, give wor or dates of service)  No. 215 09 93	17. INFORMANT ADDRESS L4 Mrs. Anne M. LoBianco Same
Ĕ	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	LE FI.S.C.V. D. AS A CONSEQUENCE OF: OUR THEOLOGICAL OF CONTRACTIONS
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19-A. DATE OF OPERATION 19-B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
_	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. home, form, foctory, street, pearly medical examiner)	g., in ar about 21C. WHERE DtD (If in Baltimare City, give exact location) affice bldg., INJURY OCCUR?
AEDI	21D. TIME (Manth) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Wark At W.	21F. HOW DID INJURY OCCUR?
	22. I coreify that (this has inel) attended the deceased fram that (the last sew the deceased alive an and haur and fram the cayses stated above (1) (1) (1) (did not	19 to 6-2-72 19 19 19 19 19 19 19 19 19 19 19 19 19
	23A. SIGNATURE	23 B, DATE SIGNED
		Attending Med. Shoff Phys. 9-1-72
24A	JOHN/J MESSINA M.D.  BURIAL CREMATION,  248, DATE  240, NAME of CEMETERY of	
	REMOVAL (Specify)	
_	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
S	EP5 1972 Trongshirwing	Leonard J Ruck Inc. Baltimore, Md
15 1	150-PFV, 1/1/6R	

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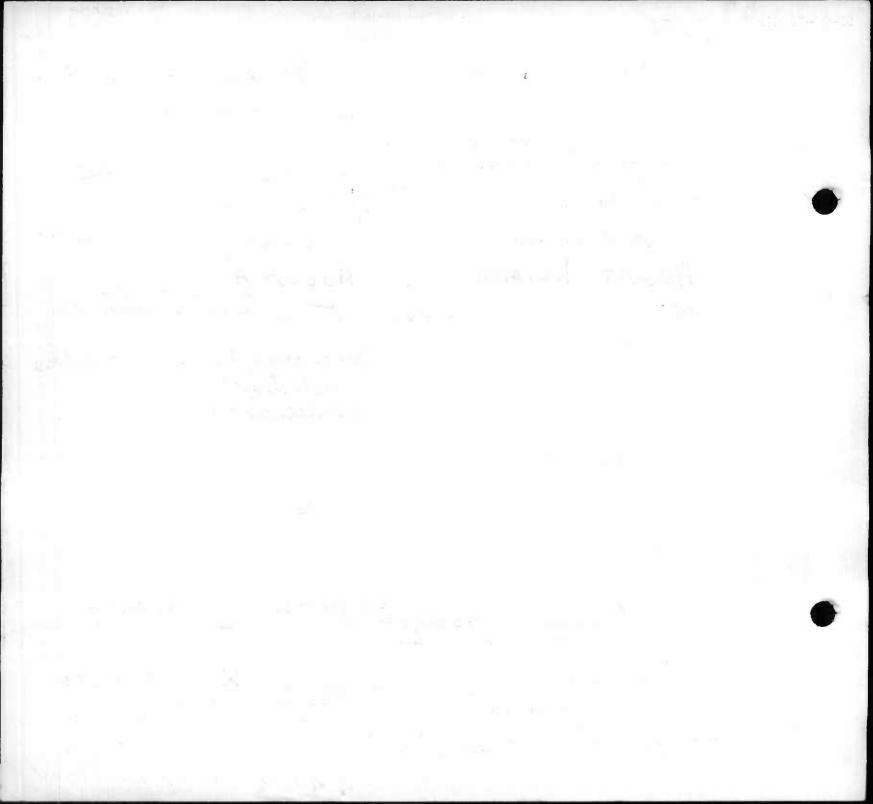
72 08464 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH
MILDICAL	EVIZIAIII AFILO	CERTIFICATE		PLATIT

Con		WED	ICAL	EXA	AMINER'S	LEK HIFIG	LATEO	F DEAT	H REG. NO	12	08464	
1. NAME OF DEC	CEASED	RICHA	<sub>RD</sub> WA	TER CRAI	S GE	2. DATE OF DEATH	Known X	Month Augus	Doy st 30,	1972	or Hnur 12:40	P .M.
4. PLACE IN BAL	LTIMORE, MA	RYLAND, W	HERE PR	ONOU	NCED DEAD	3. DATE		Month	Day	Ye	ar Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	SS OR LOCA	LORINST	NOITUI	, GIVE STREET		INCED DEAD		st 30,	-	12:40	
2	University Hospital					A. STATE	Marylan	4	B. COUNTY		nce before odmiss	ion)
6. SEX 7. RACE 8. MARRIED X NEVER MARRIED						C. CITY OR	TOWN		D. INSIDE	CITY LIMI	TS?	
Male		ite	WIDOW		DIVORCED [		Hyattsv	ille		YES 🔀	NO 🗆	
9. DATE OF BIRT 11-23-		10.AGE (In	34		r 1 Yr. 11 Under 24 Hrs. Days Haurs Min.	E. STREET A	2010 Le	wisdal	e Drive			
11. BIRTHPLACE					ZEN OF	13. FATHER	SNAME					
MISSO	OURI			WH	ASCOUNTRY?	DON	W.	CRA	AIG			
done during most of Retail	working life, ev	en if retired)			siness or industrery wards		TY BAK		4			
IA WAS DECEAS	ED EVED IN	ILS APMED	FORCES	2 117	SOCIAL	18. INFORM		and the		ADDRESS	5	
(Yes, no or unknown	L956	-1960	of service)	4.9	0-38-763	Don	Craig	6212 E	Ruatan	St.	Berwyn	Hgt
19./ × /	4.7				CAUSE OF DEA	TH					APPROXIMATE INT	
(This does a	SE OR COND LEADING TO not meen the p, osthenta, etc. mplication while	DEATH mode of dy . It means the	Ing, e.g.,		(A)IMMEDIATE ( DUE TO, OR	CAUSE AS A CONSEQ		o-cran	ial inj	uries		
DISEASES RISE TO THE UNDERLYING	NTECEDENT OR CONDITION E ABOVE CAN NG CONDITION NIFICANT CON	ONS, IF ANY USE (A) STATION LAST.	ONTRIBUT		(C)	AS A CONSEC	QUENCE OF:					
DISEASE OF	ATH BUT NOT	RELATED TO GIVEN IN PA	THE TERMI	INAL								
20A. DATE O	F OPERATION	1 208. CON	NOMIDA	FOR WI	HICH OPERATION W	AS PERFORM	ED			21. A	Yes Yes	No)
UNDERLYING UTING CA		TRIB-		228.PLA home, fo	CE OF INJURY (e.g., irm, factory, street, office Highway	ce bldg., etc.) II	te 50			exact locati	66	00
OF INJURY (APPROX.)	(Month) (D 8-30-7	2 11:	45 A.	'	LE AT AT W	WHILE A	<sup>2F.</sup> ножою і Subject shoulder	was ge	tting o	ut of	car on	
23.	tify that I h		nguiry [	_,		Itopsy X	and that on	this basis			-trailer	
	ted from: N				ident V Suici		micide 🔲		ined manne			
				0			CHIEF MEDICAL					
SIGNAT	- // //	aun	& Pa	at	M.I	ASSI	STANT MEDICA	LEXAMINER	X		DATE SIGN	ED
EXAMIN NAME (	IER'S	arvin	S. PI	att,	MD.		CIATE MEDICAL	L EXAMINER		Augu	st 31, 19	972
24A. BURIAL CRE REMOVAL (Spec	MATION, 2	48. DATE	2		NAME of CEMETERY			D. LOCATION	(City, to	wn, or co		=)
Buria.		9-2-7			orgeWashi			1	4711130			
SEP 5	1972	1.	238. 1	Mu	- POST		V. Chamb		o. Sil	ADDRES:	Spring,	Md.
VS 151-REV. 1/1/6	8	-	1 0	J 17	ana / ) " a	( )	0 0					

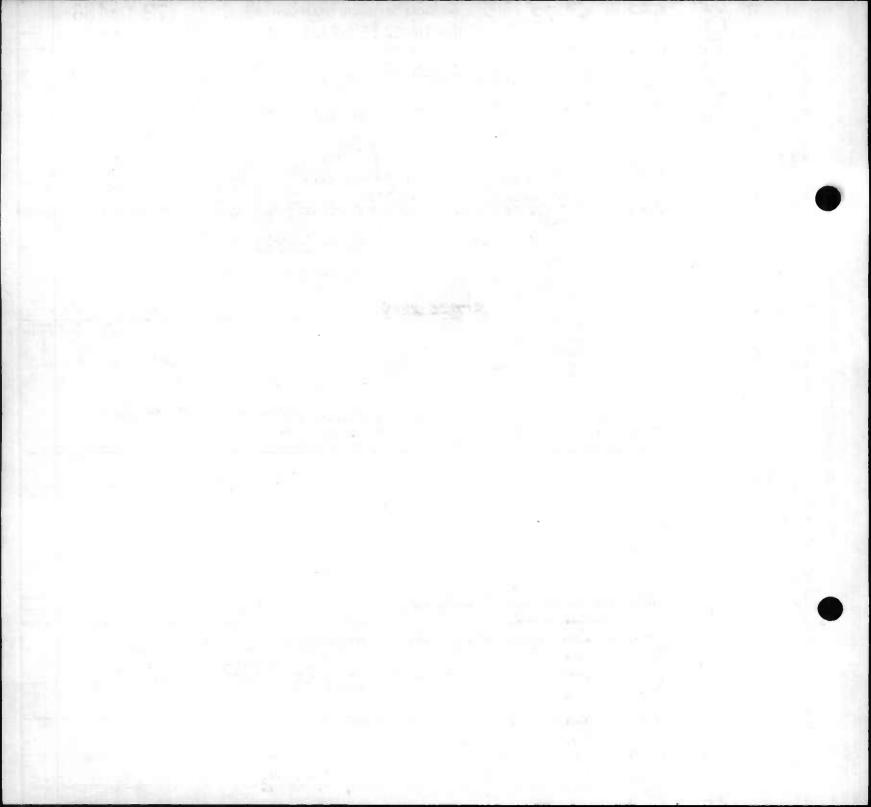
BELL DEL STREET  55-96-55 djr

	1/1-1	Marco		BALTIMORE CITY	HEALTH DEPARTMENT		72 08465	
	K-430	72 0	8465	CERTIFICA	TE OF DEATH	REG. NO		
	1. NAME OF DECEASED					AND HOUR OF DEATH	OF MARYLAND-DEMI	1
	AM		LIM		augu	st 31- 72	2 17.30	A.M.
	3. PLACE IN BALTIMOI	KE, MARTLAND, WHE	RE PRONOU	NCED DEAD	A. STATE & COL	here deceased lived, II in	nstitution: residence below odr	nissian)
	FULL NAME OF ( HOSPITAL OR )NSTITUTION	IF NOT IN HOSPITAL ADDRESS OR LOCATION	OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN	-	IDE CITY LIMITS?	
3	BALTIM		171	Hospitals	BALTIMOY.	e	YES K NO	
	4940 Eastern		imore	Maryland	453 ANG	lesen 5+	21224	
	5. SEX 6. RA	CE 7.	MARRIED [	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ye If Under Months Days Hours	24 Hrs.
			/IDOWED	DIVORCED BUSINESS OR INDUSTRY	7/12/90	81		
	fone during most o) working	life, even il retired)		BUSINESS OK INDUSTRE	11. BIRTHPLACE (Stote or )	reign country)	12. CITIZEN OF WHAT CO	
	3. FATHER'S NAME	USEKEEPE	<u> </u>		GERMA	4. MY	U. S. A	
	David Co	- V.		a a	14. MOTHER'S MAIDEN N	AME (		
1	5. Wos Decosed Ever	n U. S. Armed Forces?	NIN	)   6. SOCIAL	HU G-US	TA		
11	Yes, no or unknown) (1) ye	s, give wer at delas af	service)	SECURITY NO.	· INFORMANT	4940 Easter Baltimore,	n Aver <b>Aperess</b> Maryland 21224	2
1	18. / 0 /2 /	7 1		178-22-8064 CAUSE OF DEATH	BCH: RECORDS	parcimore,	-	
	1////	CONDITION DIRECT	TLY	CAUSE OF BEAT			BETWEEN ONSET AND	
	LEAD	ING TO DEATH		(A)IMMEDIATE CAU	SE CAMPINAM	a of lines	mould	1
	heart failure, asther	an the made of dyi nia, etc. It means the	disease.		CONSEQUENCE OF		7700700	2
	injury or complicati	an which caused dea	th.)		(melast	rue).		
		EDENT CAUSES		(8)	source.	undet		
	nise to the aba	ONDITIONS, if any, ve cause (A) sta	giving ling the		A CONSEQUENCE OF:	•	= 10-es, 119	
		11		(c)				
	E I TO THE DEATH BUT	CONDITIONS CONTRI NOT RELATED TO THE TE ON GIVEN IN PART 1	RMINAL	****************	*********************			
	19A-DATE OF OPER	WAS PERFORA	ON FOR WI	H)CH OPERATION	20A. AUTOPSYZ (Yes or h	ON CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
	21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medical	CAUSE OF	218, Phome,	LACE OF (NJURY (e.g., in form, factory, street, e)f	or obout 21 C. WHERE DID	(If In Baltimar	e City, give exact location)	-
		h) (Day) (Year) (H	oud 21E (	NJURY OCCURRED	21F. HOW DID (N	JURY OCCUR?		
11:	(APPROX.)		While Wark	At Work	П			
	22. I certify that (	(this hospital) at			9 Jul 72	10 40 72	31 aux 72 19	
	that (I) (we) last s	aw the deceased at	ive on	30 aug 72			ntan death accurred on th	- 1-4-
				(We) (did) (d <del>id-nos</del> ) vi	ew the bady after death.	mar jir(my) (our) apri	man devin accurred on th	e date
	23A SIGNATURE	101			baby arrest death.	•	23B, DATE SIGNED	
	Vituro	1. Valont	8. WY	DEGREE Phys.	ding Med.	Stoff Phys.	31 aug 72	
	23C. PHYSICIAN'S NAME (Type)	11	4	DEGREE	D. ADDRESS			
		Salazor		DEGREE	4940 Eastern A	City Hoppita		
2	REMOVAL (Specify)	N, 24B, DATE	24G, NAM	ST UNITED	FURNGELICA 24D.	LOCATION (Cit	y. town, or county) (St	lote)
	PURIAL	19/2/197.	4 CH	UNCH CEM	1. 8.	ALTIMORE	CITY, Md.	
12	SA. DATE REC'D BY HE.	ALTH DEPT. 258.	NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	RA	ADDRESS	7



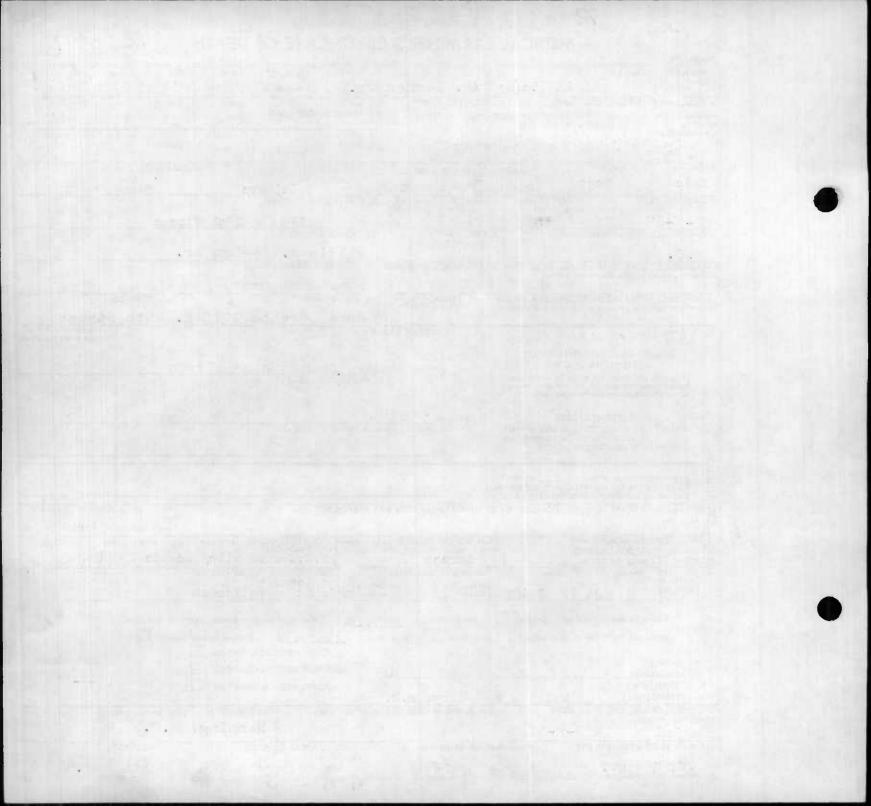
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16	2 163 TO O SA O BALTIMORE CITY	HEALTH DEPARTMENT 72 08466
BII	72 0846 CERTIFICA	TE OF DEATH REG. NO. STATE OF WARYLAND DHMH
	De or Print Bland Tosein E	2. DATE AND HOUR OF DEATH  9-1-77 7'7( n.m.)
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Markond Balleman /50
IN	De Descritto	D. INSIDE CITY LIMITS?
17	Cousting the first	E. STREET AND NUMBER
L	Ballemore MD.	1716 Mckena Ane
5.	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
10A	USUAL OCCUPATION (Give kind of work 10B, KIND CIF BUSINESS OR INDUSTRY eduring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS
		Rattingu MD USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	GEORGE E. BLAND	VIRGINIA HAMLETT
15. (Ye	Was Decoased Ever in U. S. Armed Forces?  The or unknown of the control of the co	17. INFORMANT ADDRESS
_	217-26-2289	GERALDINE SINGLETON 1716 MCKEAN
	18, 25 0, 01 + 157.9 CAUSE OF DEATH	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Disbetie Ailais 8-31-72
	(This does not mean the mode of dying, e.g., heart failure, astheria, etc. it means the disease,	A CONSEQUENCE OF:
	Injury or complication which caused death.)	of Januar, Diokette
	(8)	as of liver change challengthe
	rise to the above cause (A) stating the	CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	
ATTON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	ni alcohlie
FICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19E. CONDITION FOR WHICH OPERATION WAS REFERENMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
CERTIFIC	6-15-17 Obstructive of auxil	IN CERTIFYING CAUSES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, off DEATH (notify medical examines)	n of about 21C. WHERE DID (if in Boltimore City, give exoct location) fice bidg., INJURY OCCUR?
	21D.TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED OF INJURY	216. HOW DID INJURY OCCUR?
2	(APPROX.) While At Not While At Work	
	22. 1 certify that (1) (this hospital) attended the deceased from.	
		19ond that in(my) (our) opinion death occurred on the date
	and hour and from the couses stated above. (1) (We) (did) (did not) vi	
	23A-AIGHATURE	23B, DATE SIGNED
	D. D. Carle	Med. Staff   9-1-72
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
24#	BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 200 LOCATION (C)
	REMOVAL (Specify)	
25/	BURIAL 9-0-12 11+ CONONY CE, DATE REC'D BY HEALTH DEPS. 258, NAME OF ESGISTRAR	125C. FUNERAL DIRECTOR ADDRESS
S	P5 1972 Hedrey Whorton	M. Anne Arundel Cty. Nd.  25C. FUNERAL DIRECTOR ADDRESS  WMC MARCH 928 E. /Yorth Are
VS	150-REV. 1/1/68	THE DIFFER THE



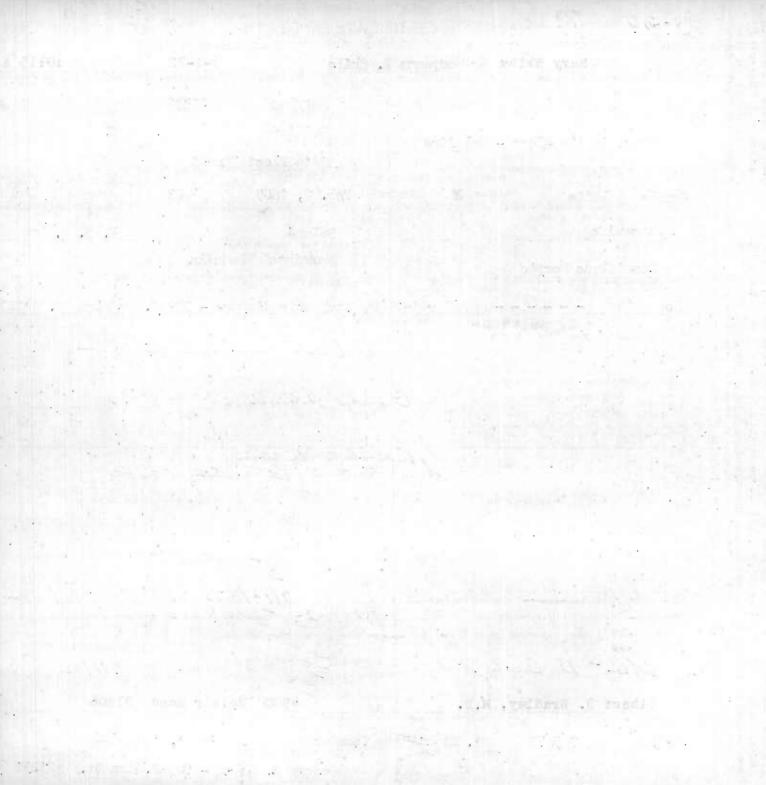
STATE OF WARYLAND-DIME

		1	2 08	467	BA	LTIMORE CITY H	EALTH DE	PARTMENT						
1	-550		MED	ICAL	FXA	AMINER'S	CERTI	FICATE	OF	DEAT	H	72	0846	7
BIR	TH NO.			10/11		TOTAL TERM	CLICIT		<u> </u>		REG. N	0		•
I. t	NAME OF DEC	EASED	*** 1 1	. 1-	1-		2. DATE	Knawn	(X	Month	Doy	Yeo	Hnur	0/20
				ie (L			II DECI		ed 🗆	8	31	72		04P. M.
	LACE IN BAL						3. DATE	OUNCED DE	AD	Month	Doy	Yes		01 -
HO!	NAME OF	ADDRE	SS OR LOCA	TION)	IIIUIION,	GIVE STREET				8	31	72		04 P.M
UK	NOITUTITZNI	Johr	ns Hopk	ins 1	Hospi	tal	A. STATE	L RESIDENCE	(Where	dece osed I	B. COUNT		nce before ad	mission)
	-55	)	10 110 P1					Mary	land		In alterna	(		- 6
6. 5		7. RACE				NEVER MARRIED	JIC. CITY	OR TOWN			D. INSIDE		157	
	ale	Neg		WIDOV		DIVORCED	7	Balt		e		YES X	NO L	
9. 0	ATE OF BIRTH	Н	10. AGE (In			1 Yr. If Under 24 Hr Days 1 Hours 1 Mi		T AND NUM	BER					
	2-7-57		1.	5				1716	E.	25th	Street	:		
11.	BIRTHPLACE (S	itate or foreig	on country)			ZEN OF AT COUNTRY?		IER'S NAME			_			
- 1	S.C.						Wil	lie M.	Le	mmon	Sr.			
14A. done	USUAL OCCUI	PATION (Giv	e kind of work en if retired)	148. KINI	OF BUS	INESS OR INDUST								
								a Mont	gom	ery				
16. (Yes	WAS DECEASI	ED EVER IN	U.S. ARMED	of service	5?  17	SECURITY NO.		DRMANT				ADDRESS		
								a Dura	nte	171	6 E. 2	5th	Street	
	19.	701	X			CAUSE OF DE	ATH						APPROXIMATE	
		E OR COND		CTLY										
		LEADING TO				(A)IMMEDIATI		Gunshot		nd of	neck			
	heart loilure	ol meon the , asthenia, eld	It means the	disease,		DUE TO, O	R AS A CON	SEQUENCE OF:						
	injury or con	nplication whi	ch caused de	oin.)										
		NTECEDENT				(8)	,							
	DISEASES O	OR CONDITI	ONS, IF ANY	GIVING		DUE TO, O	R AS A CON	ISEQUENCE OF	F:					
7	UNDERLYIN	G CONDIT	ION LAST.			(c)								
CERTIFICATION			11											•
Ϋ́	OTHER SIGN	ATH BUT NO	NDITIONS C	ONTRIBU	TING									
Ë	DISEASE OR	CONDITION	GIVEN IN P	ART I (A)										
ER	20A. DATE OF	F OPERATIO	N 208. CO	NDMON	FOR WH	ACH OPERATION	WAS PERFO	RMED				21. AL	JTOPSY? (Y	es or No)
	him	L. III.											Yes	
EDICAL	22A. EXTERI	NAL CAUSE			228. PLA home, fo	CE OF INJURY(e. rm, factory, street, of	in or obou	1 22C. WHERE	E DID (I	l in Soltime	are City, give	exact location	on)	500
	UTING CA	USE OF DEA		-		Street		N.W.Co	r.ot	alle	y besi	de 185	00 N. <del>ington</del>	Α
Σ	OF INJURY	(Month) (I	Doy) (Yea	r) (Hau	, 1	NIURY OCCURRE		allege	rd I A	URY OCC	UR?	COLI	Tugcon	Ave.
	(APPROX.)	8 3	1 72 !	9:40P	m. WHIL	K A	T WHILE WORK	/shot b	у ро	licem	an			
	23.													
						spection	-		_		, death in r		n	
	result	ted fram: N	latural cau	ses 📙	Acci	dent Sulc	ide 📙 .	Homicide X			Ined manne	- L		
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	SIGNATI		WIT	n	ru	elocy	.U.	SSISTANT MED					0 1 7	2
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25/	A. DATE REC'D	BY HEALTH	DEPT.	25B. N	NAME OF	REGISTRAR	25	C. FUNERAL D	DIRECTO			ADDRESS		
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a approved by the chief medical examiner or his assistant if death occurred to the hospital by a medical examiner. Also, if the direct or contributi of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined ral (except where the physician who pronounced death was in regular th); and (6) No physician was in regular attendance on the deceased probe obtained before the remains are embalmed or final disposition is made.	
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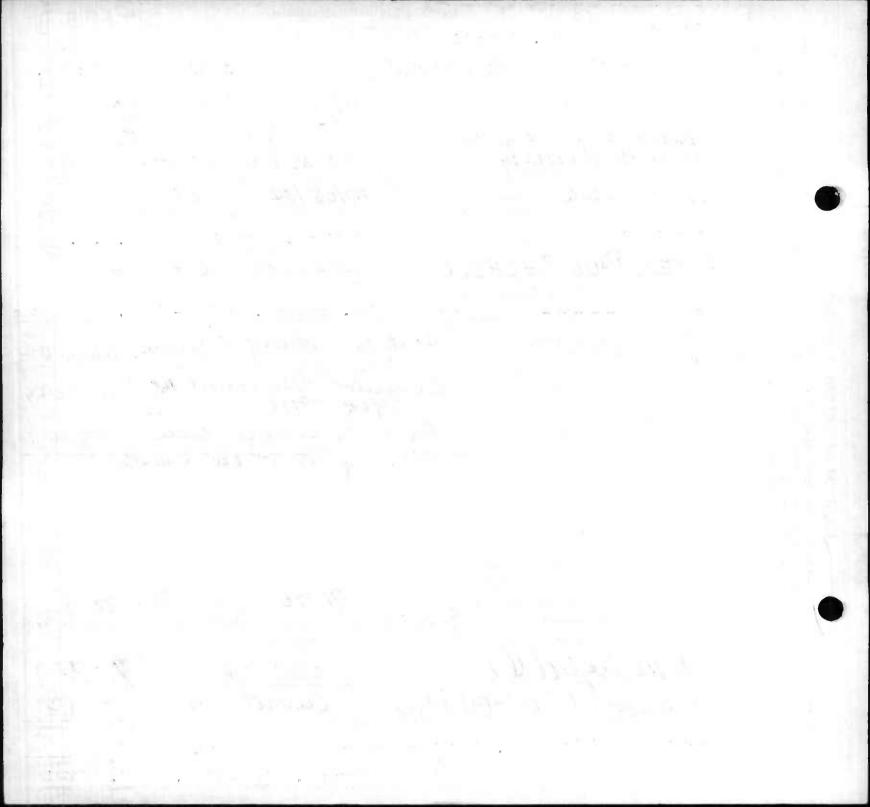
0	100	, .	BALTIMORE CIT	Y HEALTH DEPARTMENT	1	2 08468
5-210	72 08	0.00	CERTIFICA	ATE OF DEATH	REG. NO.	WOE HARYLAND-DHAH
I NAME OF DEC	CEA SED			2. DATE	AND HOUR OF DEATH	
(Type or Print)	Mary Sk:	iba or l	Maryanna K. S	Skriba	9-1-72	10:15 Am.
3. PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE IW A. STATE 8. COI		institution: residence belove admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	JTION, GIVE STREET	Maryland c. CITY OR TOWN	#21231 D. IN	SIDE CITY LIMITS?
9 Hous	e in the Pine	es - Bel	Aire	Baltimore E. STREET AND NUMBER		YES NO
10				1816 Fleet		
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
Female	White UPATION (Give kind of wor	WIDOWED [		Feb. 2, 1889	83	TIS CITITED OF WHAT COUNTRYS
	working life, even if retired)	LIUB. KIND OF	BOSINESS OF INDUSTR	Poland	oreign country)	U. S. A.
13. FATHER'S NA		1		14. MOTHER'S MAIDEN N	AME	0. 3. A.
Stan	islaus Koryto	,		Marcinna 1	Pudulka	
	Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		tion tora	219-01-9229	Stephanie Ciar	oura - 309 S.	Madeira St. #21231
18. // 2	641		CAUSE OF DEA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY		1 -1	,	
	LEADING TO DEATH		(A) IMMEDIATE CA	AUSE Clark Ceres	housenly the	ceider -
	nol meon the mode of osthenio, etc. Il meons			S A CONSEQUENCE OF:		
	mplication which coused			0		
	ANTECEDENT CAUSES		(0) Olmers	his artinosely	má	
	OR CONDITIONS, if		DUE TO, OR A	S & CONSEQUENCE OF:		
	e above couse (A) G CONDITION lost.	sloling the	(c)			and a second
	11			lente Herr Din		
	FICANT CONDITIONS CO TH BUT NOT RELATED TO T			arthritz ; Port - 2		
	CONDITION GIVEN IN PAI	RT 1 (A).				
19 A. DATE OF	F OPERATION 198. CON WAS PER	FORMED	VHICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., e, farm, foctory, street,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If In Boltime	ore City, give exoct location)
U	medical examiner)	elc.)				
21D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
(APPROX.)		Whi	le At Not Wh		,	
22. I certify	that (I) (this hospita	1) attended th	ne deceased from	7/191	1972 to	9/1/1972
	) last saw the decease			. 1 -		pinlan death accurred an the date
						man deam decored an the date
23A. SIGNAL		rea abave. (I	/ (re) (ala) (Appendix)	view the bady after deat	n.	23B, DATE SIGNED
237. 3.01.7	n - n n	1	At	tending Med.	Staff	236, DATE SIGNED
- CM	Cour D Dr	astly)		ys. Director	Phys.	17/1/72
23 C. PHYSICIA	AN'S Type)			23D. ADDRESS		
	ert B. Bradl				Belair Road	21206
REMOVAL			ME of CEMETERY of C			City, town, or county)   IStote)
Burial 25A. DATE REC'D	9/5/72 BY HEALTH DEPT_	St.	Stanislaus (	emetery   I	Baltimore, Ma	aryland
SEDE	1072 1.	10010	277000		gber - 705 S	
VS 150-REV. 1/1/	68	1347	THE STATE OF THE S	Japon de We	10,0	



This corrificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

0000	72 0849	BALTIMORE CITY	HEALTH DEPARTMENT		72 08469
BIRTH NO.	Ronald G. P.	Lechock CERTIFICA	TE OF DEATH	REG. NO.	MARYLAND=DHMH
1. NAME OF DECEA	ECHOCKI	WE RONALD	2. DATE AN	9/1./72	10:00 a. M
3. PLACE IN BALTIA	ORE MARYLAND, WHERE PI	ONOUNCED DEAD	A. STATE B. COUN	TY	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	C. CITY OR TOWN	BM TIP	LOKE 101
Church	House K Hon	hital	city	-	YES NO
100 Nor	the Procedur		603 N. LI	UWOOD A	w. 2/205
5. SEX /4 6.	white wido	RIED NEVER MARRIED WED DIVORCED	10/68 /34	9. AGE (In years lost birthday) 37	If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCCUPA		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY
Unemploy	ed		Baltimore, Man	ryland	U. S. A.
13. FATHER'S NAME	DALL 21-	0	14. MOTHER'S MAIDEN NAM	AE .	, 2 -
	PAUL PIEC	SHOCKI	ERAN CES	SCHI	4101.
15. Was Deceased Ev (Yes, no or unknown) (If	er in U. S. Armed Forces? yes, give war or dates of sen	vice) 16. SOCIAL SECURITY ND.	17. INFORMANT		ADDRESS
No		None		Schmidt -	603 N. Linwood Av
18.410	9 I	CAUSE OF DEAT	// 0	6-0-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIRECTLY ADING TO DEATH	Helle	Vuluovar	y Eden	a juliele Do
lThis does not heart failure, as	mean the mode of dying, henia, etc. It means the dis-	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	·	4 1 7
	cation which caused death.)	Extu	uve my	ocordia	leur des
all all years of the	TECEDENT CAUSES	(8)	for ation		10000
	CONDITIONS, if any, gabove cause (A) stoling		A CONSEQUENCE OF:	Dr Dr	0 4.0.
UNDERLYING C	ONDITION last	(c) // (c)	x yearana	fr occo	1011
E TO THE DEATH B	II NT CONDITIONS CONTRIBUT UT NOT RELATED TO THE TERMI		upors, at	ege 18 m	courtes.
19A. DATE OF OI	DITION GIVEN IN PART 1 (A). PERATION 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING   IG   CAUSE OF	218 PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(II to Baltimare	City, give exact location)
D 21D.TIME (A	lonth) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
S OF INJURY		While At   Not While		, , , , , , , , , , , , , , , , , , ,	
22. I certify the	et (I) (this hospital) attend		9/1/72	9to	7/2/72 10
	it saw the deceased alive	6/1 A /m A			ion death accurred on the date
		re. (1) (We) (did) (did nat) v		in (my) (our) opin	ion death accurred on the dat
23A. SIGNATORE	1 1 0 0 1	27)	tow the oddy offer death.		23B. DATE HONED
Mulle	1 postella	1 Ohum	nding Med.	Staff Phys.	9/2/12
23C. PHYSICIAN'S			3D. ADDRESS	1 1/	1/2/1
	661-	2	170		( 101 , 11
WALK	E12. A. IM	PAGU ATTU	Cluri	u Hou	ie bospital
WAL LA 24A. BURIAL CREMA REMOVAL (Spec	F12 . A - MU TION, 1248, DATE 124	PAGLI ATELLURE	Clevra	CATION (City	Le Control 1States
24A. BURIAL CREMA REMOVAL (Spec	110h, 248. DATE 24	PAGLI ATELLURE	Cleviu 24D. LG		
24A. BURIAL CREMA REMOVAL (Spec Burial 25A. DATE REC'D BY	TION, 248. DATE 24	C. Stanislaus Co	MATORY 24D. LO Metery Be 25C. FUNERAL DIRECTOR	ltimore, Mar	ryland ADDRESS
24A. BURIAL CREMA REMOVAL (Spec	TION, 248. DATE 24	C. Stanislaus Co	Clevius (240. Lo	ltimore, Mar	ryland



72 08470 BALTIMORE CITY HEALTH DEPARTMENT

	P. C.		
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

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BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) EMMA LFOUBLE	2. DATE Known Month Doy Year Hour OF DEATH Estimated Month M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Day Year Haur September 2, 1972 4:25 A M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
SINAI HOSPITAL	A. STATE Maryland B. COUNTY 27/7
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D	C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?  YES NO
9. DATE OF BIRTH  10. AGE (In years last birthday)  10. AGE (In years last birthday)  10. AGE (In years last birthday)  73	E. STREET AND NUMBER  2737 Clyburn Avenue
11. BIRTHPLACE(Stote or fareign country)  Balto. City  12 CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME William T. Lawson
14A. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY done during mast of warking life, even if retired)	15. MOTHER'S MAIDEN NAME
Retired from Social Security  [6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Emmeline Hare  1B. INFORMANT ADDRESS
(Yes, no ar unknawn) (If yes, give war ar dates af service) 213-42-4106	Mr. C. Roland Fowble Baltimore, Md.
LEADING TO DEATH (A)IMMEDIATE C	e Injuries
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AS A CONSEQUENCE OF:
	yes
22B. PLACE OF INJURY (e.g., home, form, foctory, street, affice UTING ☐ CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., home, form, foctory, street, affice Street  22D. TIME (Manth) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	in ar obout 22C. WHERE DID (If in Boltimore City, give exoct locotian) bldg., etc.) INJURY OCCUR?  Greenspring Ave.790 ft.N. of Rte. 695
OF INTURY	WHILE COURT OF THE
	and that an this basis, death in my opinion  Hamicide Undetermined manner C  CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER S  ASSOCIATE MEDICAL EXAMINER 9/2/72
24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  Sept. 5,72  St. Peters  25A. Date REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
SEP 5 1972 Sidney Justin Son	Eline Funeral Home Reisterstown, Md. 211

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death eased n the Such	1. (1 3 E-1) 1. (1 d d 1 1 1 C)
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	F
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This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributin shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.	5.
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	IF

		BALTIMORE CITY	HEALTH DEPARTMENT	p.d	72 08471
-55 BHRTH NO.		71 CERTIFICA		STATE OF	MARYLAND-DHMH
(Type or Print)	SIMONS, LONE	MACK		tember 3, 19	72 2:55 A. M.
3. PLACE IN  FULL NAME HOSPITAL OR INSTITUTION	BALTIMORE, MARYLAND, WHERE PR OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)		A. STATE B. COUL	Baltimore	stitution: residence before odmission)  DE CITY LIMITS?
INSTITUTION	Veterans Administr	ration Hospital	Reisterstown		YES NO
272	3900 Loch Raven Bo	oulevard	E. STREET AND NUMBER		
CX	Baltimore, Marylar	nd 21218	Rt. Saffel	Rd.	
5. SEX	6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	Caucasian WIDO	WED DIVORCED	9-9-10	lost birthday	10013
	CCUPATION (Give kind of work 10 B, KIN t of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	Care-taker		Virginia		U. S. A.
13. FATHER'S			14. MOTHER'S MAIDEN NA Nannie Andre		
15. Was Decea	sed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT Record	- Tr A Troom	d to 7 ADDRESS
	3-10-44 to 1-16-	-46 216-16-5602	3900 Loch Rave		timore, Md.21218
18./6	211	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION DIRECTLY LEADING TO DEATH		THE A THE TRAIN	CT TIME	Unk
(This dae	(This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAUSE HEART FAILURE  (DUE TO, OR AS A CONSEQUENCE OF:				
	ue, asthenia, etc. It means the dis camplication which caused death.)	ease,			
	ANTECEDENT CAUSES	TJIN	IG CANCER:		Unk
DISEASES	OR CONDITIONS, if any, g	(B)	A CONSEQUENCE OF:		
	the abave cause (A) stating				
UNDERLI		(C)			
TO THE D	II SHIFICANT CONDITIONS CONTRIBUT EATH BUT NOT RELATED TO THE TERMI OR CONDITION GIVEN IN PART 1 (A).				
	OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	NO NO	o) 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact lacotian)
U		21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJUR		While AI Not While	e 🗖		
		Work At Work		. 72 Sente	ember 3. 10 72
	tify that (M)(this hospital) attend		September 2,	19 72 to Septe	nian death accurred an the date
	we) last saw the deceased alive				nian death accurred an the date
and haur	and from the causes stated aba	ve. 4) (We) (did) (did not) v	riew the bady after death.		23B. DATE SIGNED
23A. 31GN	1) A	Atte	ending Med.	Staff -	9/3/72
DOC BUYE	Malsingo fo	WISTA DEGREE Phy	s. Director	Staff Phys.	9/3/12
23C.PHYSI NAM	E (Type)			Hospital	This was a comme
	KATSUZO FUJITA,	M.D. DEGREE	3900 Loch Rav		ltimore, Md. 21218
REMOVA	CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (Cit	ly, town, or county) (Stote)
Burial	7,5	Evergreen Memo		Finksburg, M	d.
SEP'5"	C'D RY HEALTH DEPT. 25B. NA	ANY OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
VS 150-REV. 1	/1/6R	1 0 0	Eline Funera	II Home Kei	sterstown, Md. 2113
13 130-KE A. 1					

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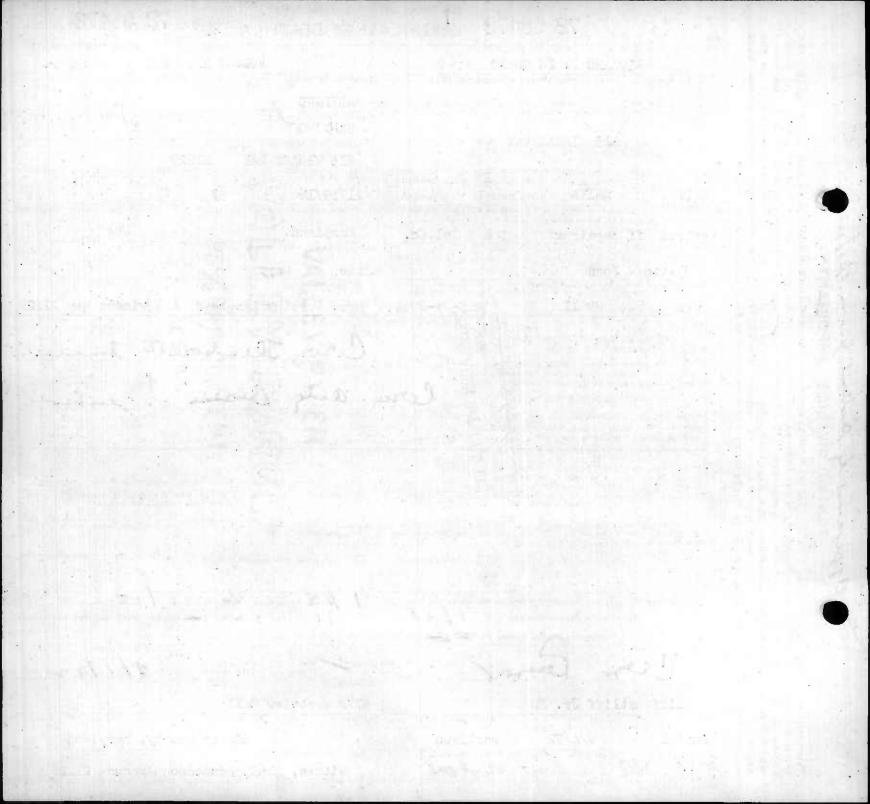
Linconte, M.

5/5

The Commerce and Co.

ECTOR medical dical chief 0 hospital

BALTIMORE CITY HEALTH DEPARTMENT 72 08472 REG. NO. CERTIFICATE OF DEATH of death Deceased Such hospital and STATE OF MARYLAND DHMH NAME OF DECEASED (Type or Print) RICHARD J. LANGMEAD AUGUST 31, 1972 uo 10:30 P. death. 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY A STATE (5) MARYT.AND cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF C. CITY OR TOWN D. INSIDE CITY LIMITS? cause; attend INSTITUTION 0 O BALTIMORE YES T NO 615 WINANS WAY F STREET AND NUMBER prior contributing 615 WINANS WAY 27229 determined regular made B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED NEVER MARRIED deceased lost birthdoy Hours MALE WHITE 11/19/18 53 WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) C & P Tel Co. Maryland USA Central Off Repairman SD 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME late John late Marv LO eath 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 16. SOCIAL SECURITY NO. (Yes. no or unknown) (II yes, give wor or dates of service) final attendance 5-01-8054 Mrs. Dorothy Langhead 615 Winans Way 21229 ves DAUSE OF DEATH APPROXIMATE INTERVAL 18. 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY O med LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made at dying, of heart failure, astherio, etc. It means the dise DUE TO, OR AS A CONSEQUENCE OF emba D injury or camplication which caused death.) regul ANTECEDENT CAUSES who APPROY are DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, rise la lhe above cause (A) physician the remains UNDERLYING CONDITION last. MOS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF tNJURY (e.g., in or about 21C. WHERE DtD home, form, factory, street, affice bidg., INJURY OCCUR? (2) (Il in Boltimore City, give exact location) here Ü °Z DEATH (notify medical examiner) car.) nature; 3 MEDIC obtained 21D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX.) At Work Work and any 19 6060 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive on. 19 ond that in (my) (aus) apinlon death accurred on the date pe D O eat and hour and fram the couses stated above. (1) (was (did not) view the body after death. hospit must accident 23A. SIGNATURE 23B. DATE SIGNED O Attending Med. Shaff Phys. Director L Phys. 0 O 23D. ADDRESS 23C. PHYSICIAN'S prior approv at NAME (Type) Cliff Ratliff Jr. MD 5772 Westview Mall 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased body O REMOVAL (Specily) written 9/4/72 Crestlawn shows: 0 Burial Howard County, Maryland SEP 6 1072 SD 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Witzke, 1630 Edmondson Avenue VS 150-REV. 1/1/6B



1		Y HEALTH DEPARTMENT 72 08473
705	72 08473 CERTIFICA	TE OF DEATH
1.1 1.1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Decease on the control of the contro	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	SEPTEMBER 3, 1972   7:104.M.
0	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
de de	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND CITY 21229  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
to to	ISTITUTION	BALTIMORE D. INSIDE CITY LIMITS?
io	ST. AGNES HOSPITAL	E. STREET AND NUMBER
0 0		117 N. KOSSUTH STREET 2037
8 3	SEX 6. RACE 7. MARRIED X NEVER MARRIED DIVORCED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	MALE CAUCASIAN WIDOWED DIVORCED A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTR	05 31 96 The like the country of the
do	ne during most of working life, even if retired)	ITALY U.S.A.
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15.	Wos Deceosed Ever in U. S. Armed Forces?	17. INFORMANT RECORDS OF ST. AGNESDENOSPITAL
-	NO 218017382	CATON & WILKENS AVES. BALTO., MD. 21229
-	18. 4 CAUSE OF DEA	ralized athere sclazos BETWEEN ONSET AND DEATH
pe	DISEASE OR CONDITION DIRECTLY	ssive Coronary Sclorosis
E	(This does not mean the made of dying, e.g., DUE TO OR AS	A CONSEQUENCE OF:
pqu	hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF Cole encopo balomala
	ANTECEDENT CAUSES (B) 4 - CAC	ate and choric pulmorars
3	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	d My daida infaction
	UNDERLYING CONDITION loss.	January Comments
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
10	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIFI	121A. ACCIDENT WAS UNDERLYING!   218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
AL AL	DEATH (notify medical examiner) etc.)	in or obout 21C, WHERE DID (If in Boltimore City, give exact location) ffice bldg., INJURY OCCUR?
DIC	21D. TIME (Month) (Dov) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
N N	OF INJURY  (APPROX.)  While A1 Not Wh Work  At Work	le 🔲
	22. I certify that (1) (this hospital) attended the deceased fram	
		3197.2and that in (大) (aur) aplnian death accurred an the date
	and haur and from the causes stated above. (We) (did) (d)()(1)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	view the bady after death.
	23A. SIGNATURE Jan La Labor Classic	23B. DATE SIGNED
	DEGREE	ending Med. Staff Phys. 9 3 72
	23C. PHYSICIAN'S NAME (Type)  FEDE VOCAN DE HYLADECHANI M.D.	CATON & WILKENS AVES. BALTO., MD.21229
24	FERE YDOWN DEHKHAREGHANI, M.D. DEGREE  A. BURIAL CREMATION, 124B. DATE 124C. NAME OF CEMETERY OF CO	
	REMOVAL (Specify)	
	Btombment Sept. 6 '72 Lorraine Pk Mai	asoleum Woodlawn   25C. FUNERAL DIRECTOR ADDRESS
S	SEP 6 1972 Sidney Arthroxon	Witzke 1630 Edmondson Ave Catonsville
VS	150-REV, 1/1/6B	4 4 0 7

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STROTTERS CATCH & WILKERS -VES. GALIG., No. 212CL

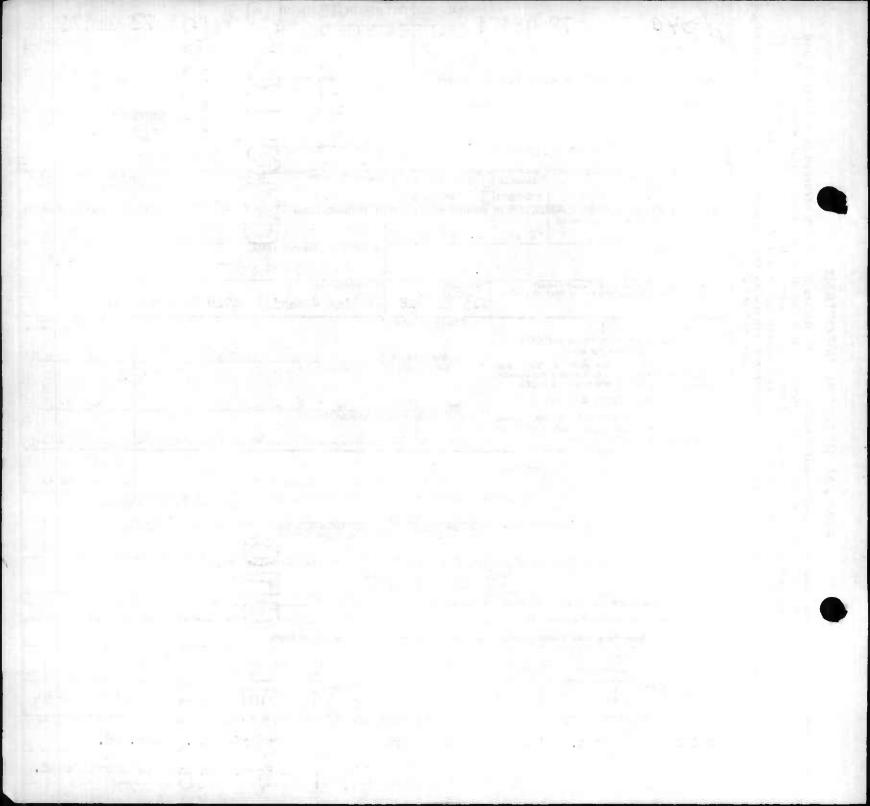
FEREYDOUR DEHKHAREGHANI, M.O. CATON & WILKENS AVES. BALTO, M.D.

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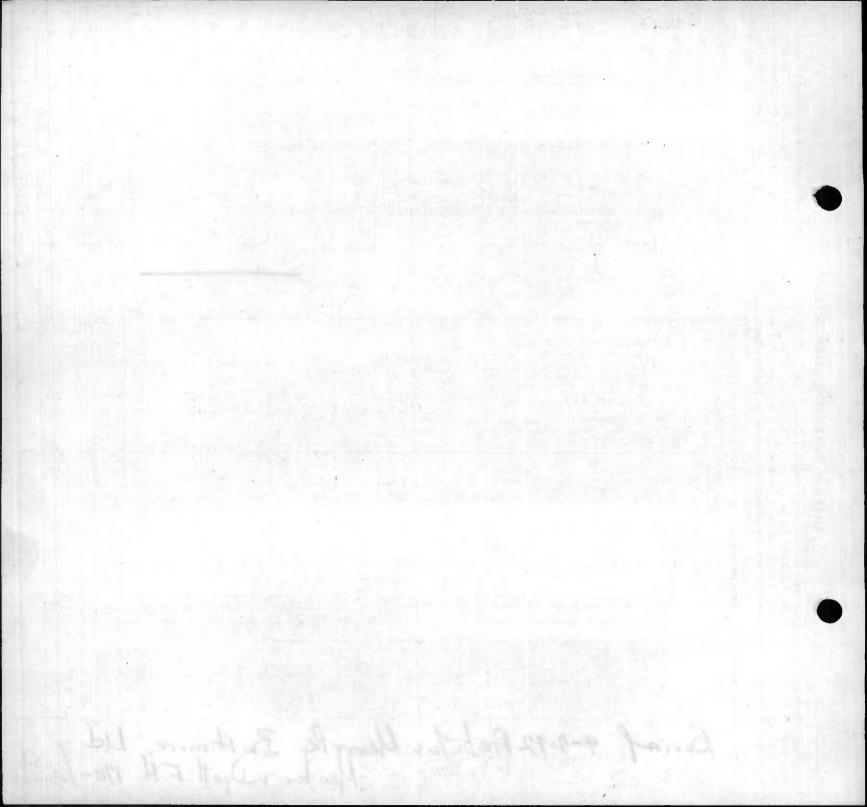
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing quuse of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	ITY HEALTH DEPARTMENT
DIKITI ITO.	ATE OF DEATH REG. NO. 72 (1847A
1. NAME OF DECEASED (Type or Print) HAMII Helei M	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY ACT. 2854
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
BON SEPOURS HOSPITAL	E. STREET AND NUMBER
BON 35 600 K3 HO3 1 / 1/1C	4729 DARTFORD AVE BALTIMO ZIZE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE/OF BIRTH 9. AGE (In years last birthday) 16 Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	
SECRETARY MERCANTILE SAFE 3	EPOSIT + TRUST MD USA
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
CONRAD SCHUMAN	MARGARET HILGARTNER
15. Was Decembed Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO. 215 01 1928	17. INFORMANT ADDRESS
18. CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)MMEDIATE	CAUSE accepte myocardial infanting, 24-48 hrs
	AS A CONSEQUENCE OF: PASTUMO All Hand
Injury or complication which caused death.)	portation of segritorian
ANTECEDENT CAUSES (8) COL	many anterioselerosis years.
DISEASES OR CONDITIONS, if any, giving DUE TO, OR rise to the above cause (A) stating the	AS A CONSEQUENCE OF:
UNDERLYING CONDITION last. (c)	enverterate Herri Willere years.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	calend actenoreleven years
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A-AUTOPSTY (Tes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
8.15.72 WAS PERFORMED ATTHECOSCLEPE	511) Tes Yes
OR CONTRIBUTING CAUSE OF home, form, fociory, street	g, in or about 21C, WHERE DID (If in Baltimore City, give exact location) office bidg, INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	215 HOW DID INJURY OCCUR?
While AI Work AI W	Vhile
22. I certify that (4) (this hospital) attended the deceased from	8-14-72 19 to 9-1-72 19
that (1) (we) last sow the deceased alive on at tial	1 19 7 9 and that In(my) (aur) opinion death accurred on the date
and hour and from the causes stated above. (1) (Ma) (did) (did no	t) view the body after death.
23A, SIGNATURE	23B, DATE SIGNED
	Attending Med. Stoff Phys. 9-(.72
23C. PHYSICIAN'S NAME (Type) AND C-KEEL MIS.	230. ADDRESS ZOZS W. FAYETTE ST BALTO #23
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial Sept. 5 '72 Loudon Pa	rk Frederick Rd. Balto. Md.
SEP 6 1972 Single Strate SEP 6 1972	Witzke, 1630 Edmomdson Ave Catonsville Md.
VS 150-REV, 1/1/68	

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	BIRT	-200 72 $084$	CER	TIFICAT	E OF	DEATH	REG. NO.	OF MAR	YLAND-DEME	_
		AME OF DECEASED	\	1 1		2. DATE A	ND HOUR OF DEAT		9.35 4	
	3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONDUNCED DEA	Levil	4. USUAL		ere deceased lived. If	institution: resi	idence before admiss	M.
					A. STATE	B. COUN	VITY DA	1	1.51	2
	HO:	L NAME OF (IF NOT IN HOSPITAL OR II SPITAL OR ADDRESS OR LOCATION)	ASTITUTION, GIVE		C. CITY OF	JOWN	D. IN	SIDE CITY LIM	IIIS?	
7	1	Jenush Casara	losson	Ham	0	saltin	ire	YES,	NO 🗌	_
5	3	Joseph Corporation		710	29	11 R	Mose	Av	(212/3	5)
3	5. SE	T 7	RIED NEVER N	AARRIED B	DATE OF	FIRTH 119	9. AGE (In years lost birthday)	If Under Months D	Yr. If Under 24 Pays Hours Mir	
		USUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if retired)	D OF BUSINESS C	R INDUSTRY 1	1. BIRTHPL	ACE (State or fore	eign country)	12. CITIZE	N OF WHAT COUN	ITRY?
		Housewife			Υ.	ngi	ma		U.D.M.	
200	13. F	FATHER'S NAME		1	4. MOTHE	R'S MAIDEN NA	ME			
2	15. V	Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	11	7. INFORM	ANT	0	-	ADDRESS	
5	(Yes,	,no ar unknown] (If yes, give wor ar dates of ser	SECURIT		Wil	lu . ~	1	2516	Edward	2.
	H	1B. / ( 3 V )	CAUS	E OF DEATH	1000	van a	ams		APPROXIMATE INTERV.	AL
5		DISEASE OR CONDITION DIRECTLY			2.			DE	I WEEN ONSET AND DE	N
		(This does not meen the made of dying,	e.g.,	MEDIATE CAUSE		ENCE OF:	Ca		/ well	1
Da		heart failure, asthenia, etc. It means the dis injury ar camplication which coused death.)	eose,	7 /		1	6	1	1 ml	
6		ANTECEDENT CAUSES	(B)	repl	114	scler	oses		rynov	m
are		DISEASES OR CONDITIONS, if ony, grise to the obove cause (A) stoling		UE TO, OF AS A	CONSEQU	JENCE OF:	. /			
SUID		UNDERLYING CONDITION Iosi.	(c)	2/1	11=7	1601-10	alle		unpre	(F)1-
rema	Z	II OTHER SIGNIFICANT CONDITIONS CONTRIBUT		1	11	. 500	1116		7/12	6
	A	TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART I. (A).		anal	100	yma	W 200 IF YES WES		7/12	7./1
The	CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		CATION	20A. AU	TOPSY? (Yes or N	O) 20 B. IF YES, WER			
erore		21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF I	INJURY (e.g., in	or about 21	C. WHERE DID	(If in Boltim	ore City, give	exact location)	
Del		DEATH (notify medical examiner)	etc.)	ory, suce, unit	oraga, in	- COUNTY				
ed		21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY		And the second of the second o		F. HOW DID IN	JURY OCCUR?	1		
dine	<	(APPROX)	While A1	Not While At Work		1511	7-7	9/-	7	_
0		22. I certify that (I) (this haspital) attend		d from	X	50	19/470	1/1	19_/=	
De		that (1) (we) lost saw the deceased alive ond haur ond from the causes stoted aba		\ (d:d====)	19		hot in (my) (our) o	pinion deoth	occurred on the	date
m UST		23A. SIGNATURE	ve. (1) (#e) (did	) <del>(aste 1101</del> ) VIE	ew the bu	dy offer deoffi.		23 B. DATE	SIGNED	_
<u> </u>		X Stewa	J. Mi	DEGREE Phys.	ding	Med. Director	Staff Phys.	9/2	172	
approval		23C. PHYSICIAN'S NAME (Type)			D. ADDRE	SS	U.	1	001	,
pp	244	D. W. 57	BWAK	- BEGREE	117000	2500	An	ison	12hrd	
	6	REMOVAL (Specify)	AC. NAME OF CEN	TETERY OF CREW	AATORY	D, R	LOCATION	City, town, or	county (Stot	ie)
riffen	ZSA.	DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRA	16 Me	25C. FU	NERAL DIRECTO	Altimor	e, h	ADDRESS	1
3	S	EP6 (9) Touchours	WAR THE	0	Ma.	e four To	Diett F	. H /	701 - LAUN	ws.
	VS 1	150-REV. 1/1/6B			1	7 1				



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

-	2 - 2 - 2	BALTIMORE CITY	HEALTH DEPARTMENT	34	NO CONTRO
	72 08476	CERTIFICA	TE OF DEATH	STATE	72 08476 OF MARYLAND-DHAM
	De or Print Reddipk	Frank	2. DATE AND	HOUR OF DEATH	71, 4, 05
FUI	PLACE IN BALTIMORE, MARYLAND, WHERE PR	NSTITUTION CIVE STREET	A. USUAL RESIDENCE (Where A. STATE B. COUNT C. CITY OR TOWN	altumn	Titution: residence before odmission)  DE CITY LIMITS?
1 3	39 Provident 1	to of.	E. STREET AND NUMBER	vicher St.	YES NO
5. \$	M WIDO	WED DIVORCED	3-1-22	ast birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
dom	USUAL OCCUPATION (Give kind of work 10B, KIN educing most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	BAlte, Man	yland	12. CITIZEN OF WHAT COUNTRYS
1	FAWK Reddic	K	Ella Red	dick	
(Yes	Was Deceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or dotes of serv	icel SECURITY NO.	17- INFORMANT		ADDRESS
Ě	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disciniury or complication which caused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, If any, ginse in the above cause (A) stating UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI	iving (B) DUE TO, OR AS (C) Proce	A CONSEQUENCE OF:  A CONSEQUENCE OF:  MONEQUENCE OF:	hovosen	lardisease
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B-CONDITION 1 WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? IYes or No.	208. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., in home, form, foclory, street, of elc.)	or about 21 C. WHERE DID	(If In Boltimore	City, give exect facation)
3	21D.TIME (Manth) (Day) (Yearl (Hous) OF INJURY IAPPROX.)	While At Not While Wark At Work	21F. HOW DID INJU	RY OCCUR?	0/21
	22. I certify that (1) (this hospital) attend that (1) (ve) last saw the deceased alive and hour and fram the couses stated above 23A. SIGNATURE	on 37 e. (I) (We) (did) (did not) v  DEGREE Phys	ew the body ofter deoth.	in(my) (60r) opini	ion deoth accurred an the date
240	BURIAL CREMATION, 248. DATE REMOVAL (Specify)  OUT 19  OUT 19	C.NAME OF CEMETERY OF CRE	MATORY 24D, 000	ent Hog CATION (City, 14 Himov	lown, or cayntyly (State)

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

5-525 72		HEALTH DEPARTMENT	REG. NO.	2 08477
I. NAME OF DECEASED	PRISOILLA	2. DATE AN	P HOUSTANT NE	ARYLAND-DIMI
3. PLACE IN BALTIMORE, MARYLANO, WH	ERE PRONOUNCEO DEAD	4. USUAL RESIDENCE (When	deceased lived. If instituti	an: residence befare admission)
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADORESS OR LOCATE	OR INSTITUTION, GIVE STREET	C. CITY OR, TOWN	A L-TO C	74 1506
LUTHERN HO	SP OF Md.	E. STREET AND NUMBER	nd YES	NOD
5. SEX  6. RACE  7.	MARRIED NEVER MARRIED	8. OATE OF/BIRTH	ALXIKOOK	AUE
T-	WIDOWED DIVORCED	12/01/04	6/	Under 1 Yr. If Under 24 Hrs. hths Doys Hours Min.
done during most of working life, even if retired)	L KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (Stote of foreign	in country)	CITIZEN OF WHAT COUNTRY?
13. PATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE I	u H
Monvoe Gvines		SINA (FY	imes	
15. Was Occased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dotes of	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS THE
116.	CAUSE OF DEATH	Louise =	6hNSON-3:	308. OAKticld
DISEASE OR CONDITION DIRECT		P	r 0 8-	BETWEEN ONSET AND DEATH
(This does not mean the mode of dy heart failure, asthenia, etc. 11 means th injury or camplication which caused de	e disease.	SE P Woman and A CONSEQUENCE OF:	Employm	h
ANTECEDENT CAUSES	ram.j	Inovastiler o	iccident.	
DISEASES OR CONDITIONS, if any	y, giving (B)	A CONSEQUENCE OF:	*************	****
nise to the above cause (A) si UNDERLYING CONDITION last.	fating the	betes reelli	Yus:	
O OTHER SIGNIFICANT CONDITIONS CONTI	TERMINA!	S. Allipson		1900 1000000000000000000000000000000000
OTHER SIGNIFICANT CONDITIONS CONTI	TON FOR WHICH OPERATION	20A. AUTOPSY? (YAS or No.)	208. IF YES, WERE FINDIN	IGS CONSIDERED OF OEATH?
OR CONTRIBUTING CO.	218, PLACE OF INJURY (e.g., in home, form, foctory, street, officercal	or about 21C. WHERE OLO	(if In Boltimore City,	give exoct location)
DEATH Inotify medicof exominer)  210-TIME (Month) (Doy) (Yeor) (I	Houd 215 fNJURY OCCURREO While At Not While At Work	21F. HOW DIO INJU	RY OCCUR?	
22. I certify that (I) (this hospital) a		7 [14/72 19	to	31/1972
that (1) (we) last saw the deceased a		19and that		leath occurred on the date
and hour and from the causes stated 23A. SIGNATURE		ew the body ofter death.		
U u	n d ou	ding Med. S	Raff D	SIGNED 31/72
23C. PHYSICIAN'S NAME (Type)	5 A 4 DOU. M-02	BD. AODRESS		
24A. BURIAL CREMATION, 24B. OATE	24C. NAME of GEMETERY OF CREA	MATORY 24D. CO	CATION (Gift, for	n or county) (Stote)
DUVIA 19-6-12	at taburn	Comi D	2 Ho, M	L- 1
SEP 6 1972 7044	R. NAME OF REGISTRAR	25C. UNERAL DIRECTOR	DiettEll	MOL-NATIVE S
VS 150-REV. 1/1/68				- Turens

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H-625 BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 72 08478 CERTIFICA	ATE OF DEATH REG. NO. OF VIANVIAND - DIME
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) HARRISON, BETTY	2/3//>
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived, II in stitution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
UNIV. HOSPITAL	BALTIMORE YES NO
38	2823 DRICH TOW ST
6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
one desiring most of working life, aven a (edited)	SOUTH CAROLINA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM HARRISON	Ft-10-40 - 11/1 to
15. Wos Deceosed Ever in U. S. Armed Forces?   16. SOCIAL   SECURITY NO.	17. INFORMANT ADDRESS 4
SECURITY NO.	IPATIENTIMA BYIGHTON
18. CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	ISE Metatati aleverane
	A CONSEQUENCE OF:
injury or complication which coused death.)  ANTECEDENT CAUSES	The state of the s
	***************************************
ise to the above couse (A) stoting the UNDERLYING CONDITION lost. (C)	A CONSEQUENCE OF:
\\(\sigma_{\cong}\)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	
	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED WHICH OPERATION	NO IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF hame, form, foctory, sheet, of DEATH (notify medical examine)	n or about 21 C. WHERE DID (II In Baltimore City, give exact location) lice bidg., INJURY OCCUR?
OF INJURY (Month) (Doy) (Year) (Hour) 21& INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	
22. I certify that (f) (this hospital) attended the deceased from	0/10
that (i) (we) lost saw the deceased alive on 8/30	
ond hour and from the causes stated above. (1) (We) (did) (did not) vi	
23A- SIGNATURE	23B, DATE SIGNED
They sebrele m. Degree Phys.	nding Med. Shaft Sylvin
23C.PHYSICIANS DEGREE PHYSICIANS DEGREE PHYSICIANS	3D. ADDRESS
	UNIV. HOSPITAL, BALT., MD.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
Burial	Design towns of country (Stole)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAMB, OF REGISTRAL	1 CENETEKT
SEP 6 1972 Drawy Warter	Morton & Dyett 1701 Laurnes St.
VS 150-REV. 1/1/68	

ner de la company de la compan

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	7 -1			BALTIMORE CITY	HEALTH DEPARTMENT		1910 / 6 4 19	10
	363	Li inyi	2 004		TE OF DEATH	REG. NO	72 0847	9
	TH NO.		C 004	19 CLKTIFICA		STATE 0		ME
	e of Print)	GEORGIA ST	RADER		9	AND HOUR OF DEAT	1104	M.
3. 1	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COL	here deceased lived, If	institution: residence before	ore admission)
HO	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	TAL OR INSTIT	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN	In In	ASIDE CITY LIMITS?	4
-		INS HOPKINS	HOSPITA	AL	BALTIMORE	J. 11.	YESX NO	
5	BALTIM	DRE, MD 2120	5		E. STREET AND NUMBER			
5, 5	EX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If	Under 24 His.
	EMALE	WHITE	WIDOWED	DIVORCED X	06-16-16	lost birthdoyl	Months Days Hou	is Min.
done	during most of a	working life, even if refired)	Pharma		11. BIRTHPLACE (State or for Smithburg, West		U.S.A.	AT COUNTRY?
13. F	ATHER'S NAM				14. MOTHER'S MAIDEN N	AME		
		Ahva G. Ge	bbert		MAUDE COCH	RANE		
15. V	Vas Deceased	Ever in U. S. Armed For lif yes, give war or date	cos?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
1164	, no or onknown,	in yes, give war or bute	s of services	229-36-4208	Billy B. Stre	der 706 N.	Broadway	
DICAL CERTIFICATION	(This does not heart failure, injury ar cam  DISEASES Of the UNDERLYING  OTHER SIGNIFITO THE DEATI DISEASE OR CO 19 A. DATE OF	E OR CONDITION DIS LEADING TO DEATH of mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION last.  II CANT CONDITIONS COI H BUT NOT RELATED TO TH ONDITION GIVEN IN PAR OPERATION 179E CON WAS PERF IT WAS UNDERLYING TING CAUSE OF medical examiner)  (Month) (Doy) (Year)	dying, e.g., the disease, death.)  any, giving stating the  NTRIBUTING HE TERMINAL. I I (A). DITION FOR Y FORMED  218. hom etc.J	(B)	A CONSEQUENCE OF:  A CONSEQUENCE OF:  20A. AUTOPSY? (Yos or 1)  1 or obout 21C, WHERE DID 1 ice bldg., INJURY OCCUR?	No) 20B, IF YES, WERI IN CERTIFING C	E FINDINGS CONSIDERE AUSES OF DEATH?	
2	(APPROXI		Woi					
		that (1) (this hospital			was	1972 to a	ng 2	1972
2	and hour and	tephon I		(We) (did) (did nat) v	ew the body after death		238. DATE SIGNED	on the date
	PHYSICIAI NAME (Ty	STEPHEN H	· BIENI	WETT	JOHNS +		vsP.	
E	REMOVAL (S	AATION, 248. DATE 9-6-197	24C. NA	ME of CEMETERY of CRE			city, town, or county) oddridge Co,	Virginis W.
S	EP 6 1	972 Fidie	25B. NAME C	OF REGISTRAR	1111y & Zeil	R	Ol-07 Eastern	

Editor, in 22005

Souther Siri Housey Settibors, New Virgints

Alva C. Gallert D. Stall

GEN-35-LIGOS BELLTy S. Streeder POS M. Broadway

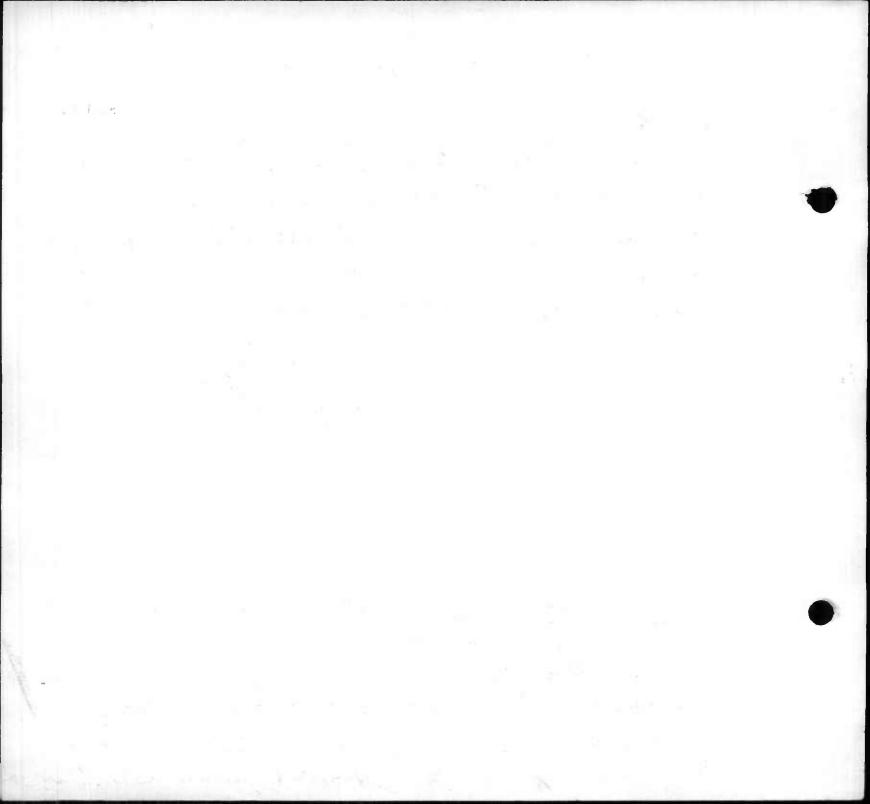
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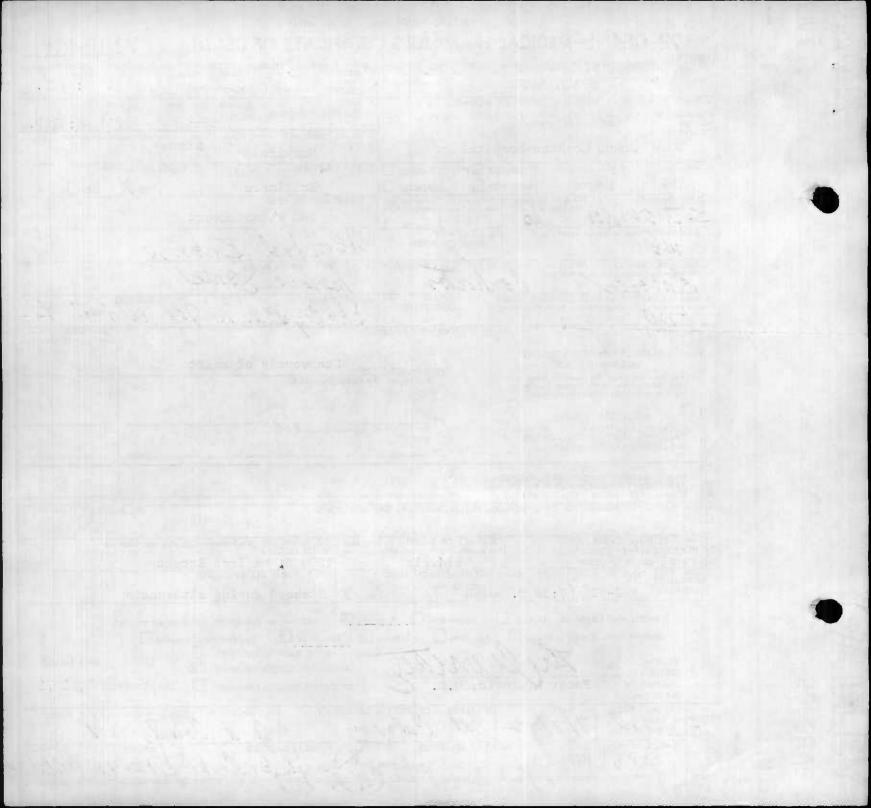
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11/2	BALTIMORE CIT	Y HEALTH DEPARTMENT
BI	RTH NO. 72 08480 CERTIFICA	ATE OF DEATH REGINO TO WARYLAND DHIME
(T	re or Printle William F. Schn	oid + Sept 2 1977 930 A
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived. It institution: residence before admission) A. STATE B. COUNTY
H	OSPITAL OR OF ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
6	302 5. CLINTON 54:	E. STREET AND NUMBER
5.		8, DATE OF BIRTH 9, AGE (in years   If Blader ) Ye. If Blader 24 Har
1	WIDOWED DIVORCED	OCT 4, 1896 last birthdoy 75 Months Doys Hours Min.
qo	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTR  e during most of working life, even if retired)	11. BIRTHPEACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	Balto, Ma U.S.A.
	Ada/ah	14. MOTHER'S MAIDEN NAME
15. (Ye	Was Deceased Ever in U. S. Anned Forces? s, no or unknown   (if yes, give wor or dotes of service)   SECURITY NO.	MARGARCT HAZEL BACH  17. INFORMANT  ADDRESS  ADDRESS
1	wwt ARMY 216-10-08	65 BARBARA M. Schmidt
	18. CAUSE OF DEAT	20 12.1.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DT: 0 + 0 1/1
	(A) MMEDIATE CA DUE TO, OR AS	A CONSEQUENCE OF:
	injury or camplication which coused death.)	1. 10 Disease
	DISEASES OR CONDITIONS, if any, giving  (B) VIV.	a CONSEQUENCE OF:
	rise to the above cause (A) stoting the	A CONSEQUENCE OF:
	II	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
RTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ZA.	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of DEATH (notify medical examiner)	in or about 21C, WHERE DID (If In Boltimore City, give exect location)
MEDI	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Work At Work	
	22. I certify that (i) (this hospital) attended the deceased fram	
	that (1) tast last saw the deceased alive an 9/2	19 72 and that in (my) (our) opinion death occurred on the date
	and have and from the causes stated above. (i) (46) (did) (didnet)	
	Henry J. Houska DEGREE Phy	anding Med. Shaff Director Phys. 9
		333 S. EAST AVE
24/	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMENTS OF C	
	BURIAL SEPT6, 1972 SACRED	HEART BAHO Md
Ŝ	EP 6 1912 STORY MANAGOF REGISTRAL	JOSEPH B. Banning Conscions
VS	150-REV. 1/1/68	70



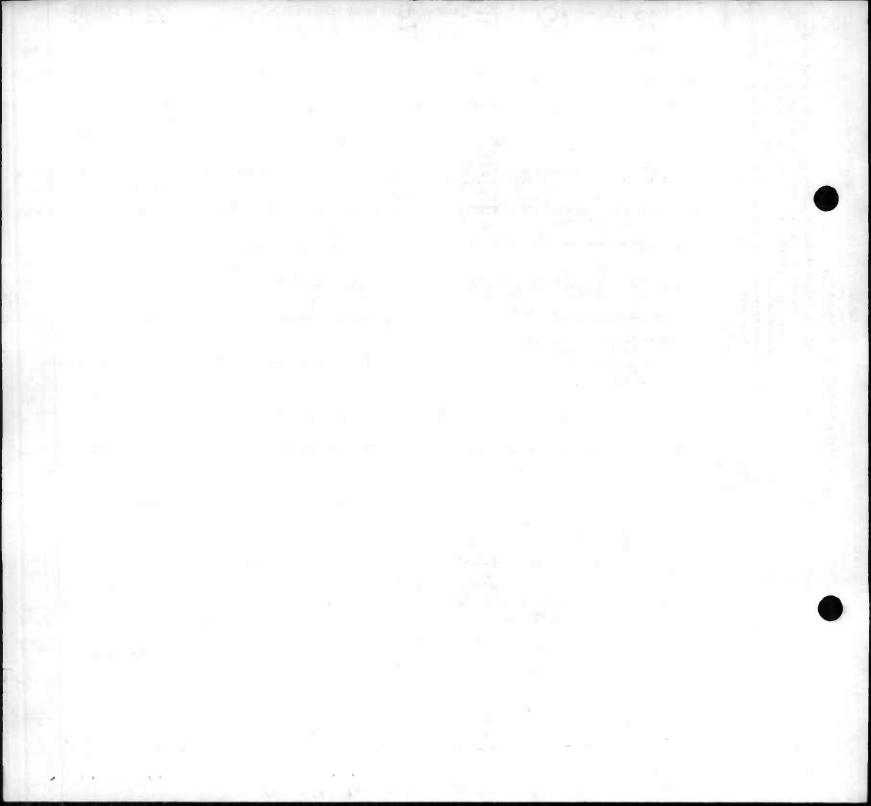
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72 (	08481 MED	ICAL !	EXAMINER'S	CERTIF	ICATE OF	DEAT	H REG. NO.	72 (	8481
1. NAME OF DE	CEASED			2. DATE	Known 🗴	Month	Doy	Year	Hour
(Type or Print)	PAUL B	ROWN		OF DEATH	Estimoted	Sppte	mber 2,	1972	8:31 P.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						Month	Day	Yeor	Hour M.
FULL NAME OF HOSPITAL OR INSTITUTION	HOSPITAL ADDRESS OR LOCATION)				DUNCED DEAD		mber 2,		8:30 P.M.
33	Johns Hopkin	_		A. STATE	Maryland		B. COUNTY	n: residence b	1000
Male	7. RACE Negro	8. MARRIED	DIVORCED	C. CITY O	R TOWN Baltimor	e	D. INSIDE CI	مقد	NO []
Sept 2	1 102 lost birthdo	n years If Mo	Under I Yr. It Under 24 Hrs. onths Doys Hours Min.	E. STREET	906 Wilm	ot Cou			
II. BIRTHPLACE	State or foreign country)	12.	CITIZEN OF WHAT COUNTRY?	13. FATHE	31 Kell	Bn	em		
14A.USUAL OCCI done during most of	UPATION (Give kind of work working life, even if rettred)	11	BUSINESS OF INDUSTRY	15. MOTH	ER'S MAIDEN NA	ME and			4
16. WAS DECEAS	SED EVER IN U.S. ARMEI	FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	MANT rlen Box	m	906	DDRESS With	est et
19 9	Lb.X		CAUSE OF DEA	TH '	1				PROXIMATE INTERVAL
DISEAS	SE OR CONDITION DIRE	CTLY						OC! WI	EEN ONSEI AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE C	AUSE S	tabwounds	of che	st		
heart failure	not mean the mode of dy	disease.	DUE TO, OR		QUENCE OF:				
tnjury or co	mplication which caused de	oth.)							
DISEASES RISE TO TH	NTECEDENT CAUSES OR CONDITIONS, IF ANY IE ABOVE CAUSE (A) STA	, GIVING	(B) DUE TO, OR	AS A CONS	EQUENCE OF:				
Z UNDEXLII	NG CONDITION LAST.		(c)						
O THE DE	II NIFICANT CONDITIONS CONTINUES TO RELATED TO R CONDITION GIVEN IN P.	THE TERMINA	G						
20A. DATE O			R WHICH OPERATION WA	S PEDEOD	MED			In AUTOF	PSY? (Yes or No)
ابدا								7	Yes
UNDERLYING	RNAL CAUSE WAS GEOR CONTRIB- AUSE OF DEATH.	228 hon	PLACE OF INJURY(e.g., ne, form, foctory, street, office sidwalk		NURY OCCUR?			ct location)	1002
	(Month) (Doy) (Year	) (Hour)	22E.INJURY OCCURRED		22F. HOW DID IN				
(APPROX.)	9-2-72 7:5	8 P. m.	WHILE AT W	WHILE D	Stabbed d	uring	alterca	tion	
1 cer	tify that I held on 1	nquiry 🔲	Inspection Auf	onsy X	ond that on th	is basis,	death in my	noinigo	
resul	ted from: Natural cau	***		francia			ed manner		
	A	1.			CHIEF MEDICAL E			_	
ACTUAL		14	endly.	ASS	ISTANT MEDICAL E		TX .	1	DATE SIGNED
SIGNAT EXAMIN NAME (	ER'S Peter	Ipkovi	c, M.D.	•	OCIATE MEDICAL E			tember	3, 1972
24A. BURIAL CRE REMOVAL (Spec		172	AC. NAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, town,	or county)	(Stote)
25A. DATE REC'D	EP 6 1972	258. NAM	E OF REGISTRAR	258	FUNERAL DIRECTO	OR Par	to AL	DORESS 304)	Part 1 A
VS 151-REV. 1/1/6			A		77	2.01	7		- Corpui Vi



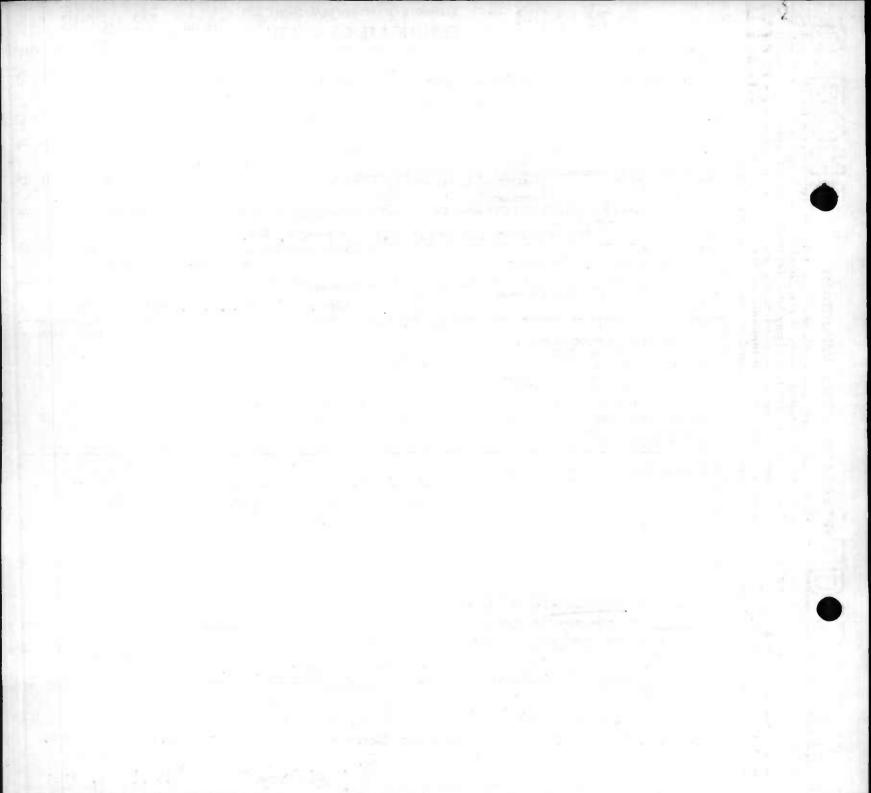
•	or contribution or contribution of contribution of sin regular a deceased pricing in the state of the state o	
: IMPORTANT	r or his assistant if d. Also, if the direct ure of any kind; (4) U onounced death war attendance on the almed or final dispose	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined of was D.O.A. at a hospital (except where the physician who pronounced death was in regular a deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.	
FU	t be approved by the csed to the hospital by ant of any nature; (2) it pital (except where eath); and (6) No physt be obtained before	
	the body was releashows: (1) An accide was D.O.A. at a hos deceased prior to dwritten approval m	

CER.	TIFICATE OF DEATH
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH OF MARYLAND DHIME
(Type or Print) C. HARSES P. Fr. HILE MA	TNER Seb 16 1979 / AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE SINSTITUTION	
802 St GEORGES Rd	E. STREET AND NUMBER
BALto, Md	802 St GEORGES BO
5. SEX 6. RACE 7. MARRIED NEVER MA	
	ORCED   MA4 13. 1915 57
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR done during most of working life, even if retired)	
13 FATHER'S NAME	13 AUTO USA
	MOTHER'S MAIDEN NAME
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown)   U yes, give war ar dates af service)    16. SOCIAL   SECURITY	17. INFORMANT ADDRESS.
	No. 1 20 1 210 1 802 \$1 Deoger
	OF DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
II like does not mean the mode of dying, e.g.,	MEDIATE CAUSE (Arcina) Oraf Cavily O months
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	e IO, OK AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	2-1-1-1 - 100 B
DISEASES OR CONDITIONS, if any, giving	E 10, OR AS A CONSEQUENCE OF:
nise to the above cause (A) stating the UNDERLYING CONDITION last, (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179-A-DATE OF OPERATION 179-CONDITION FOR WHICH OPERATION WAS PERFORMED 21 May 121-A-CCIDENT WAS UNDERLYING 121-B-PLACE OF IN	ATION 20A-AUTOPSYS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21K PLACE OF IN. home, form, foctor	IJURY Ie.g., in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, farm, factory	ry. street affice bidg. INJURY OCCUR?
OF INJURY OCC	
(APPROX.) While A1	Not While At Work
22. I certify that (1) (this hespitel) attended the deceased	from thegast 1972 to Present 19
that (I) (we) last saw the deceased alive on	19 32 and that In(my) (our) apinian death occurred on the date
and haur and from the causes stated above. (1) (We) (did) (	
The off of the	Attending Med. Staff 238, DATE SIGNED
23C. PHYSICIAN'S NAME IType)	Attending Med. Staff Phys. Director Phys.   Seaff   970
William A. Dodd MD	See 1 1 9 9 31-
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET	DEGREE 24D. LOCATION (City, town, or founty) (State)
Burial 9-7-72 New	Cathedral Ballinere mol.
25A. DATE REC'D BY HEALTH DEPT. 2557 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
CFP 6 1977 Levey lashy	H.W. Jenkins & Sons Co., Balto., Md.
VS 150-REV. 1/1/68	4 1 2 9

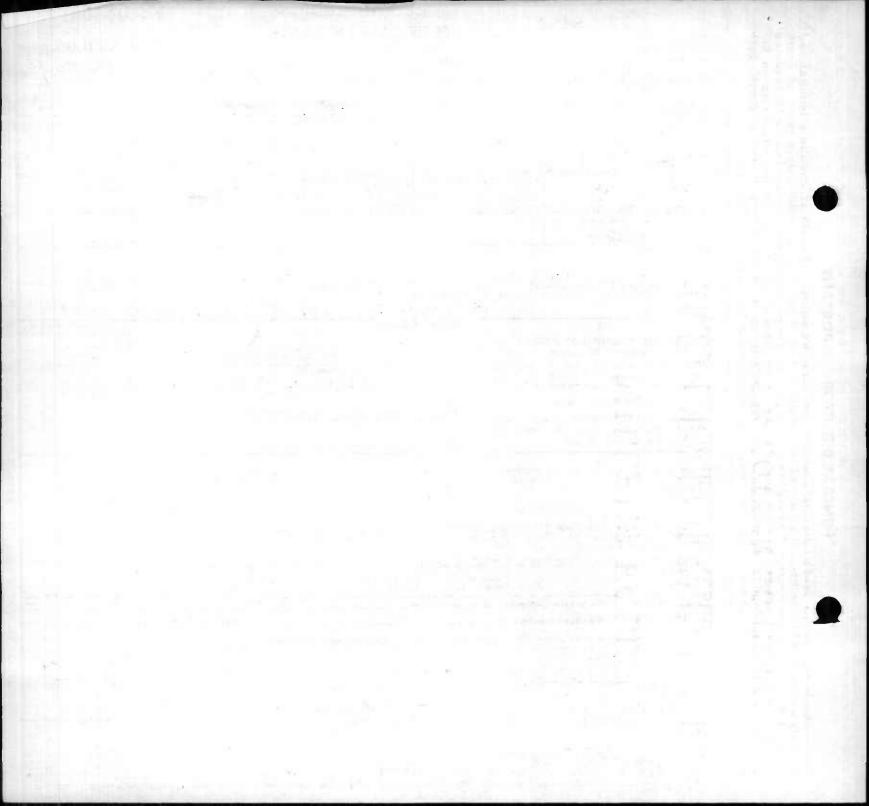


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THEN NO CERTIFICATE OF DEATH  REG. NO.  PARCE IN PALLIMORE, MARCHAND, WHERE PRONOUNCED DIAD  WINDING PROPERTY OF MARKED NO.  PARCE IN PALLIMORE, MARCHAND, WHERE PRONOUNCED DIAD  ADDRESS DR LOCATION, ONE STRUCK  OCHTALD BY  TYPE OF MARKED NO.  OCHTALD BY	72 08483	BALTIMORE CITY	HEALTH DEPARTMENT	mo 00400
NAME OF DECASED  **Price a Pand**  **Price a Pan		CERTIFICA	IE OF DEATH	72 08483
TRACE IN PALITMORE, MARTLAND, WHEE PROPOUNCED DEAD  WILL NAME DE  BY MOT IN HOSTITULE OR INSTITUTION, GVE STREET  COUNTY OR TOWN  BY MOTHER TOWN HOSTITULE OR INSTITUTION, GVE STREET  COUNTY OR TOWN  BY MOTHER TOWN HOSTITULE OR INSTITUTION, GVE STREET  COUNTY OR TOWN  BY MOTHER TOWN HOSTITULE OR INSTITUTION, GVE STREET  COUNTY OR TOWN  BY MOTHER TOWN HOSTITULE OR INSTITUTION, GVE STREET  COUNTY OR TOWN  BY MOTHER TOWN HOSTITULE OR INSTITUTION, GVE STREET  COUNTY OR TOWN  BY MOTHER TOWN HOSTITULE OR INSTITUTION, GVE STREET  COUNTY OR TOWN  BY MOTHER TOWN HOSTITULE OR INSTITUTION, GVE STREET  COUNTY WAS DEAD TO THE STREET  COUNTY WAS DEAD TO THE STREET  ON INSTITUTION  BY MOTHER TOWN HOSTITULE OR INSTITUTION, GVE STREET  COUNTY WAS DEAD TO THE STREET  COUNTY WAS DEAD TO THE STREET  COUNTY WAS DEAD TO THE STREET  ON INSTITUTION  COUNTY OR TOWN  BY MOTHER TOWN HOSTITULE OR INSTITUTION, GVE STREET  COUNTY WAS DEAD TO THE STREET  ON INSTITUTION  COUNTY WAS DEAD TO THE STREET  ON INSTITUTION  COUNTY OR TOWN  FARTHER TOWN HOSTITULE OR INSTITUTION, GVE STREET  COUNTY WAS DEAD TO THE STREET  A DEAD TO THE STREET AND NUMBER  LE STREET AND NUMBER  FOR STREET AND NUMBER  AND UNDER THE OWN HOSTITULE OR INSTITUTION, GVE STREET  COUNTY WAS DEAD TO THE STREET  AND UNDER THE OWN HOSTITULE OR INSTITUTION TO THE STREET  AND UNDER THE STREET OR IN U. & ADDRESS  SECRET MAN.  AND UNDER THE STREET OR IN U. & ADDRESS  SECRET MAN.  AND UNDER THE STREET OR IN U. & ADDRESS  SECRET MAN.  AND UNDER THE STREET OR IN U. & ADDRESS  SECRET MAN.  AND UNDER THE STREET OR IN U. & ADDRESS  SECRET MAN.  AND UNDER THE STREET OR IN U. & ADDRESS  SECRET MAN.  AND UNDER THE STREET OR IN U. & ADDRESS  SECRET MAN.  ADDRESS OR CONDITION DEACH  COUNTY OR COUNTY MAN.  ADDRESS OR CONDITION OR STREET  ADDRESS OR CONDITION OR IN UNDER THE STREET  AND UNDER THE STREET OR IN U. & ADDRESS  SECRET MAN.  AND UNDER THE STREET AND UNDER THE STREET OR IN U. SECRET MAN.  ADDRESS OR CONDITION OR IN U. SECRET MAN.  ADDRESS OR CONDITION OR IN U. SECRET MAN.  ADDRESS OR COND			In DAY, AND HOUSE OF DE	STATE OF MARYTAND DE
LILL NAME OF ADDRESS DE LOCATION DISTRICTURDOR GIVE STREET  ALUMAL OCCUPATION GIVE IN HOSPITAL DE HISTORIDON, GIVE STREET  ALUMAL OCCUPATION GIVE IN HOSPITAL DE HISTORIDON, GIVE STREET  ALUMAL OCCUPATION GIVE IN HOSPITAL DE HISTORIDON DIVORCED  ALUMAL DIVORCED  ALUMA	(Type or Print)	rud hoe, &	V. 9/1/72	35 P N
COLY OF TOWN  CONTRIBUTE  ADDRESS DE LOCATION  ADDRESS NO  ADDRESS DE LOCATION  ADDRESS DE LOCATION  ADDRESS DE LOCATION  ADDRESS DE LOCATION  ADDRESS NO  ADDRESS DE LOCATION  A	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	If institution residence before admissiont
SER STREET AND NUMBER    STREET AND NUMBER   S	FULL NAME OF (IF NOY IN HOSMTAL DR IN HOSMTAL DR IN ADDRESS DR LOCATION)	STITUTION, GIVE STREET	Md. Balt	NSIDE CITY LIMITS?
SEE A RACE   MIDOWED   DIVORCED   A. DATE OF BIRTH   BORT MINISTRY   Modelhai Days   Hours   Ministry   Modelhai Days   Modelhai Day	0	1,0		YES MO
A JUNAL OCCUPATION (GIVE bind of work) [Los Kindows ]  A JUNAL OCC	OMd. General Hos	dital	E. STREET AND NUMBER 2410 Cake AV	e 21213
A SUBJAL OCCUPATIONICIDE bind of workings, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPRACE (Side or feedings)  Ret'd. Machinist Western Electric Co.  Orange, Pa.  14. MOTHER'S MAME  James L. Prudhoe  War Deceused feer in U. S. Amed Forces?  15. SOCIAL SCUNITY NO.  NO  16. SOCIAL SCUNITY NO.  17. INFORMANT  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  TITLS does not meen the mode of dying, e.g., beneficially which caused death.]  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, ill only, giving rise to the clove couse (A) solding the UNDERLYNG CONDITION lost.  TO THE DEATH BUT NO TERAED TO THE TEAMINAL DISEASE OR CONDITION FOR WHICH OPERATION  TO THE DEATH BUT NOT TERAED TO THE TEAMINAL DISEASE OR CONDITION PART I (A).  WAS CONDITION TO THE TEAMINAL DISEASE OR CONDITION FOR WHICH OPERATION  TO THE DEATH BUT NOT TERAED TO THE TEAMINAL DISEASE OR CONDITION FOR WHICH OPERATION  TO THE DEATH BUT NOT TERAED TO THE TEAMINAL DISEASE OR CONDITION FOR WHICH OPERATION  TO THE DEATH BUT NOT TERAED TO THE TEAMINAL DISEASE OR CONDITION TO THE TEAMINAL	5. SEX 6. RACE 7. MARR	IED NEVER MARRIED		Il Under 1 Yr., If Under 24 Hrs.
RETION Machinist Western Electric Co. Orange, Pa.  FATHER'S NAME  James L. Prudhoe  West Deceased Ever In U. S. Amned Farces?  ## ADDRESS		,	10/20/98 HOST DITTHOGY	Menins Doys Hours Min.
Ret'd. Machinist Wastern Electric Co. Orange, Pa.  14. MOTHER'S MANDEN NAME  James L. Prudhoe  14. MOTHER'S MANDEN NAME  Harrietta Montanye  ADDRESS  Same  CAUSE OF DEATH  ITMS does not meen the mode of dylng, e.g., head follow, soliberid, etc. if meens the diseose, injury or complication which coused default of the obove couse (A) sielling the UNDERLYING CONDITION IS. if entry, glyling fise to the obove couse (A) sielling the UNDERLYING CONDITION WHICH FRANTIAL OF THE TRANTIAL OF THE TRAN	10A USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fereign country)	12. CITIZEN DE WHAT COUNTRY
TATHER'S NAME  James L. Prudhoe  War Deceased Ever Is U. S. Armed Forces?  It is SOCIAL  SECURITY NO.  IS JOURNAMY  LEADING TO DEATH  ITHIS does not mean the mode of dying. e.g., heart follure, estherick, etc. It means the disease, and the injury or compiletion which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il any, giving rise to the obove couse (A) sloing the UNDERTING CONDITION GOVERNORM IN THE UNDERTING TO THE DEATH BUT NOT RELEADING TO PERAITION TO THE DEATH BUT NOT RELEAD TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  JAPADATE OF OPERATION TO THE CONDITION FOR WHICH OPERATION  JAPADATE OF OPERATION TO THE DEATH BUT NOT RELEATION  JAPADATE OF OPERATION TO THE DEATH BUT NOT RELEATION  JAPADATE OF OPERATION TO THE DEATH CAUSE OF DEATH CAUSE OF DEATH CONDITION GIVEN IN PART I (A).  JAPADATE OF OPERATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  JAPADATE OF OPERATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  JAPADATE OF OPERATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  JAPADATE OF OPERATION TO THE DEATH COUNTY OF CAUSE OF DEATH (CAPPROX)  JAPADATE OF OPERATION TO THE DEATH COUNTY OF COUNTY OF CAUSE OF DEATH (CAPPROX)  JAPADATE OF OPERATION TO THE DEATH (A).  JAPADATE OF OPERATION TO THE DEATH (A).  JAPADATE OF OPERATION TO THE DEATH (A).  JAPADATE OF OPERATION TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION TO THE DEATH (A).  JAPADATE OF OPERATION TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION TO THE DEATH (A).  JAPADATE OF OPERATION TO THE TERMINAL DISEASE OR CONDITION TO THE DEATH (A).  JAPADATE OF OPERATION TO THE TERMINAL DISEASE OR CONDITION TO THE DEATH (A).  JAPADATE OF OPERATION TO THE TERMINAL DISEASE OR CONTIDUENT TO THE DEATH (A).  JAPADATE OF OPERATION TO THE TERMINAL DISEASE OR CONTIDUENT TO THE TERMINAL DISEASE		n Flootnic Co	Opango Ba	USA
James L. Prudhoe  Wes Decessed First In U. S. Amad Faces?  st. an or sninnerwal It yes, give wer of deles of service)  No  16, SOCIAL SECURITY NO.  169-0/-290  Mrs. Robert J. Prudhoe  Same  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  TITLE does not mean the mode of dyling, e.g., heart follows, estimate, att. The most in disease, injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il any, giving rise to the obove couse (A) salding the UNDERLYING CONDITION lest.  OTHER SIGNIFICANT CONDITION S. Il any, giving rise to the obove couse (A) salding the UNDERLYING CONDITION lest.  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION TO THE DEATH BUT NOT RELATED TO THE REMINAL TO CONDITION FOR WHICH OPERATION TO CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE REMINAL TO CONDITION FOR WHICH OPERATION TO CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE REMINAL TO CONTRIBUTING TO THE CONDITION FOR WHICH OPERATION TO CONTRIBUTING TO CONTRIBUTING TO THE CONDITION FOR WHICH OPERATION TO CONTRIBUTING TO THE CONDITION FOR WHICH OPERATION TO CONTRIBUTING TO CONTRIBUTIN		il Electric Co.		YE.A.
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SECUSIT NO.  NO  NO  NO  NO  NO  NO  NO  NO  NO	James L. Prudhoe		Harrietta	Montanye
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Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) staling the UNDERLYING CONDITION fast.  OTHER SIGNIFICANT CONDITION SCONTRIBUTING (C)  OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (FIVE NO PART 1 (A)).  199-DATE OF OPERATION 1915 CONDITION FOR WHICH OPERATION 20-A AUTOPST? (Yes or No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH (C)  21A. ACCIDENT WAS UNDERLYING DEATH of CONTRIBUTING OR CONTRIBUTING CONSTRUCTION (A) AUTOPST? (Yes or No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH (C)  21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g., in or about) 21G. WHERE DID (B) In Boltimore City, give exect location)  DEATH Inclify medical examined etclary while AI Work While (C)  21D. TIME (Menth) (Day) (Year) (Hour) 21E. INJURY OCCURRED (While AI Work A	heart failure, asihenia, etc. it means the dise	DUE TO, OR AS	A CONSEQUENCE OF:	
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OTHER SIGNIFICANT CONDITION (etc.)  OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION (FUN IN PART   (A).  19A-DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSYS (fee or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?  OR CONTRIBUTING   CAUSE OF   CAUSE OF INJURY (e.g., in or about   21C. WHERE DID (if In Baltimare City, give exect lacation)   Death (etc.)   OR CONTRIBUTING   CAUSE OF INJURY (e.g., in or about   21F. HOW DID INJURY OCCUR?  OR INJURY (APPROX.)  22. I certify that (1) (this hospital) attended the deceased from   19		(8) DUE TO OR AS		,
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(APPROX)  While At Work  At Work  22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  Attending Med. Director Phys.  Attending Director Phys.  Attending Director Phys.  Attending Director Phys.  A BURIAL CREMATION, 24B. DATE  24G. NAME et CEMETERY of CREMATORY  REMDVAL (Specify)  Rem-Burial 9-5-72  Bloomingdale Cemetery  Luzerne Co., Pa.	OR CONTRIBUTING CAUSE OF DEATH (netify medical examiner)	home, form, factory, street, of	n or about 21 C WHERE DID (If In Balti lice bldg., INJURY OCCUR?	mare City, give exect location)
(APPROX)  While At Work  22. I certify that (1) (this hospital) attended the deceased from	OF IN ILLAY	21 E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased from	\$ 01 1113011	While At   Not While		
that (i) (we) last saw the deceased alive on				1.1
that (i) (we) last saw the deceased alive on	22. I certify that (1) (this hospital) attended	d the deceased from		9/1/72 19
and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  Attending Med. Director Phys.  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  REMDVAL (Specify)  Rem—Burial 9-5-72  Bloomingdale Cemetery  Luzerne Co.,  Pa.	that (i) (we) last saw the deceased alive	on 9/1/77		aplnion death accurred an the date
23A. SIGNATURE  Attending Med. Shaff Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  REMDVAL (Specify)  Rem-Burial 9-5-72  Bloomingdale Cemetery  Luzerne Co., Pa.	and hour and from the causes stated above	o (1) (We) (did) (didiana)		
A BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  REMDVAL (Specify)  Rem-Burial 9-5-72  Attending   Med. Director   Phys.   9//72  Attending   Med. Director   Phys.   9//72  23D. ADDRESS  A BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town) of county! (State)  Rem-Burial 9-5-72  Bloomingdale Cemetery   Luzerne Co., Pa.	23A. SIGNATURE		was and an arange	238 DATE SIGNED
23C.PHYSICIAN'S NAME (Type)  23D. ADDRESS  NAME (Type)  A. BURIAL CREMATION, 24B. DATE  24C.NAME of CEMETERY of CREMATORY  REMDVAL (Specify)  Rem-Burial 9-5-72  Bloomingdale Cemetery  Luzerne Co., Pa.	( ) // 7:	Atte	nding Med. Staff 521	9//
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town/or county) (Stole)  REMDVAL (Specify)  Rem-Burial 9-5-72 Bloomingdale Cemetery Luzerne Co., Pa.	23C BUYSICIANS	1 Cur, GEGREE Phys	. Director Phys.	1/1/72
Rem-Burial 9-5-72 Bloomingdale Cemetery Luzerne Co., Pa.	James H. B	iddison MD	Md. General	/forpital
Rem-Burial 9-5-72 Bloomingdale Cemetery Luzerne Co., Pa.	24A. BURIAL CREMATION, 24B. DATE 240	NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town or county! (State)
		Bloomingdale C	Cemetery Luzerne C	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
CFP 6 1072 7 July 1 2h Walth. W. Jenkins & Sons Co.		1 12.	H. W. Jenkins & Son	s Co.
150-REV. 1/1/68 4905 York Road Balto., Md. 21212		4	4500 YOFK ROAD E	Dailo., 1710. 21212



A-260 1	BALTIMORE CITY	HEALTH DEPARTMENT 72 08484
7002	BIRTH NO. 72 08484 CERTIFICA	TE OF DEATH
and ase ase Suc	I, NAME OF DECEASED	STATE OF WARYLAND DHAM
of d	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
hospital 15e of c (5) Dece ance or death.		A. STATE B. COUNTY Maryland
caus se; ((	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOGATION) INSTITUTION	C. CITY OR TOWN C D. INSIDE CITY LIMITS!
	Harryland legues a l Hotologe	l'altimore YES \ NO□
70.= 1	48 Janes Gold May May May	E. STREET AND NUMBER Harcourt Rd 2741
contributi regular reased pr	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	8. DATE OF BIRTH  9. AGE (in years lost birthday)  1 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
the contract of the contract o	IOA USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
deat Undeas as in	Homemaker Own Home	VA. U.S.
nt if death direct or c ; (4) Undet th was in on the dece	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ANT stant ind; ( ind; ( on al dis	Frank Conley  15. Was Deceased Eyer In U. S. Anned Forces?   16. SOCIAL	Carrie Stott
MPORTAN. Iso, if the di of any kind; vunced death trendance on	(Yes, no or unknown) (If yes, give war or doles of service)  SECURITY NO.  20-48-17	
s ass if t any l cod or fi	18. CAUSE OF DEATH	
his of an order	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
- 54 0 0 B E	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAU	ISE adeno carcinoma 2 ys
miner or niner. Al fracture o prono embalm	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF: (metastatic)
ECTOR:  xaminer.  A fractu  who pro  regular  are emba	ANTECEDENT CAUSES	
RECTOR: I examiner. (3) A fractun who profin regular.	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stoling the	A CONSEQUENCE OF:
- n_ n c	UNDERLYING CONDITION lest. (C)	***************************************
- BHENSE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	-0 - 0 0
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF ONE DISEASE OR CONDITION GIVEN IN PART I (A).	ichial arttma
FUNERA  be chief me  by a me  2) Body bu  e the phy  physician  ore the re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  19A-DATE OF OPERATION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 121B-PLACE OF INJURY (S.R.) IN	20A-AUTOPSTY (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUNERA tal by a me p: (2) Body by here the ph to physician before the re	Co Coursiante Contractor	n or obout 21 C. WHERE DID (If In Boltimore City, give exact location)
# W W W W W	DEATH (nakly medical examined)	see bidg., INJURY OCCUR?
b hospita nature; cept whe	OF INJURY (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED While At   Not While	216 HOW DID INJURY OCCUR?
rove y no x ce ind	Work At Work	
2+ 5000	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an	8, 5, 79 19 10 7, 3, 19/2
0 250	and hour and from the causes stated abave. (1) (We) (did) (did not) vi	19ond that in(my) (our) opinion dooth occurred on the date
ust be dent dent deat must	23A. SIGNATURE	238, DATE SIGNED
	Phys.	nding Director Phys. A 9,3,71
	NAME (Typel	23D. ADDRESS
	AHSAN SAEED KHAN M. D. DEGREE 24A. BURIAL CREMATION, 124B. DATE 124C. NAME OF CEMETERY OF CREATERY OF	maryand yeural Horpiral
00dy 0000 0000 0000	REMOVAL (Specify)	
This certif the body shows: (1) was D.O./ deceased	Burial 9-6-72 Druid Ridge Ce	25C. FUNERAL DIRECTOR ADDRESS
* # # # # # #	SEP 6 1972 SEP 6 1972	Henry W. Jenkins Sons 4905 York Rd.
	VS 150-REV. 1/1/68	



VS 151-REV. 1/1/68

ימים	OCAC	na La		BA	ALTIMORE CITY HE	ALTH DEPA	RTMENT				פניי	0848
12	0040	MED	ICAL	EXA	AMINER'S	CERTIF	CATE	OF DI	EATH	REG. NO		0.040
I. NAME OF DE						2. DATE	Known	¥		STAT	E OF M	ARYLAND=
(Type or Print)		tahan	Cmit	h	-	OF	Esilmoi		nth 8	28	72	Hour
4. PLACE IN BA		tcher	Smit		Joel NCED DEAD	3. DATE	Estimot		onth	Doy	Yeor	Hour '
FULL NAME OF HOSPITAL	(IF NO		AL OR INST		GIVE STREET		UNCED DE	AD	8	28	7	10 05
OR INSTITUTION	Union	Memori	а1 Но	spit	a1	A STATE	RESIDENCE d.	(Where dece		d. If instituti		before odmissio
6. SEX	7. RACE		8. MARRI	ED 🖾	NEVER MARRIED	C. CITY O				D. INSIDE	CITY LIMITS	}
male	Negro	)	WIDOW		DIVORCED [	Ва	lto.				YES 🗌	NO 🗆
9. DATE OF BIR		10. AGE (1) lost birthdo			1 Yr. If Under 24 Hrs. Doys Hours Min.		AND NUM		A 2205			
7-3-19				1		1 1 1 1 1		alcyon	Avei	lue		
11. BIRTHPLACE	(State or forei	gn country)	. 11		ZEN OF AT COUNTRY?	13. FATHE	R'S NAME					
	UPATION (Giv	ve kind of work	14B. KIND	U	S.A.	Y 15. MOTH	James ER'S MAIDE	P. Smi	th			
lone during most of Labo		ven itretired)	Refu	se S	ervice man	Cl	ara B.	McMil	ller			
6. WAS DECEA	SED EVER IN		FORCES	? 17	. SOCIAL	IB. INFOR		1101123	L 4. C 4		ADDRESS	
Yes, no or unknow	n) (It yes, give	war or dotes	of service)		SECURITY NO. 254-42-860	Wat	tio M	Smith	27	206 Un	lower	A ===
19.	711	X			CAUSE OF DEA		LLE M.	- SHIT LI	1	OO AB	,	APPROXIMATE INTE
PIECA	SE OR COMP	NITION DIDE	CTIV		C+-	b woun	dofo	hact			lot I	WEEN ONSET AND
DISEA	SE OR CONE LEADING TO		CILI				u or c	.IICS C				
heart foilur	not meon the re, osthenio, etc omplication whi	c. It meons the	e diseose,		(A)IMMEDIATE OF	AS A CONSE	QUENCE OF	;				
	ANTECEDENT	CAUSES			(B)							
DISEASES RISE TO TH	OR CONDITI	USE (A) STA	Y, GIVING		(B)	AS A CONS	EQUENCE O	F:				
_ UNDERLY	ING CONDIT				(c)							
일		II		-								
O TO THE DE	EATH BUT NO	T RELATED TO	THE TERMI		,							
20A. DATE C				FOR WH	ICH OPERATION W	AS PERFOR	MED		-		21. AUT	OPSY? (Yes or
Ö												yes
Z 22A. EXTE	RNAL CAUSE	WAS		22B. PLA	CE OF INJURY(e.g.,	In or obout	22C. WHER	E DID (If in	Boltimore	City, give e	xoct location	
	AUSE OF DEA			home, fo	rm, foctory, street, office HOME	e bldg., etc.)	2306 H	cur? la l cvon	Aver	nue -	Por	ch
		Doy) (Yea			INJURY OCCURRED		22F. HOW	DID INJURY	OCCUR	1?		
OF INJURY (APPROX.)	8 2	28 72	6:16 P	m. WHIL	E AT NOT	WHILE KX	Subj	ect wa	s sta	abbed.		27
23.		-14 1		٦.	spection A		4 41-	abt. 1				
							_	at on this l				
resu	Ited from:	aturol cau	ses L	Acci	dent Suici	de 🔲 🕒		XX Und	-	ed monner		
ACTUA	1	100	7/1/	//	1			DICAL EXAM		-		DATE SIGNE
SIGNA	TURE	ngol	11/0	106	M,[	).		DICAL EXAM		_		8/29/7
EXAMII NAME	77.0	onald N	. Kor	mblu	m, M.D.			Medic		_l camino	r	
24A. BURIAL CRI REMOVAL (Spe	EMATION,	24B. DATE		24C. 1	NAME of CEMETERY			24D. LOC			wn, or count	ty) (State)
Burial		3 S	ept 7	2 1	oodlawn Ce	emeter	V	Bal	Ltimo	re. M	larvla	nd
25A. DATE REC'I	D BY HEALTH				REGISTRAR	25C.	FUNERAL				ADDRESS	

Law 4611 Park Heights Ave.

A CONTRACTOR OF THE SALE Control Special to Soci Table In Import days . Kasasa king anak kuli san lang sa sa naga sa sa sa The Same Control to the control of t THE POST OF THE PO

VS 150-REV. 1/1/68

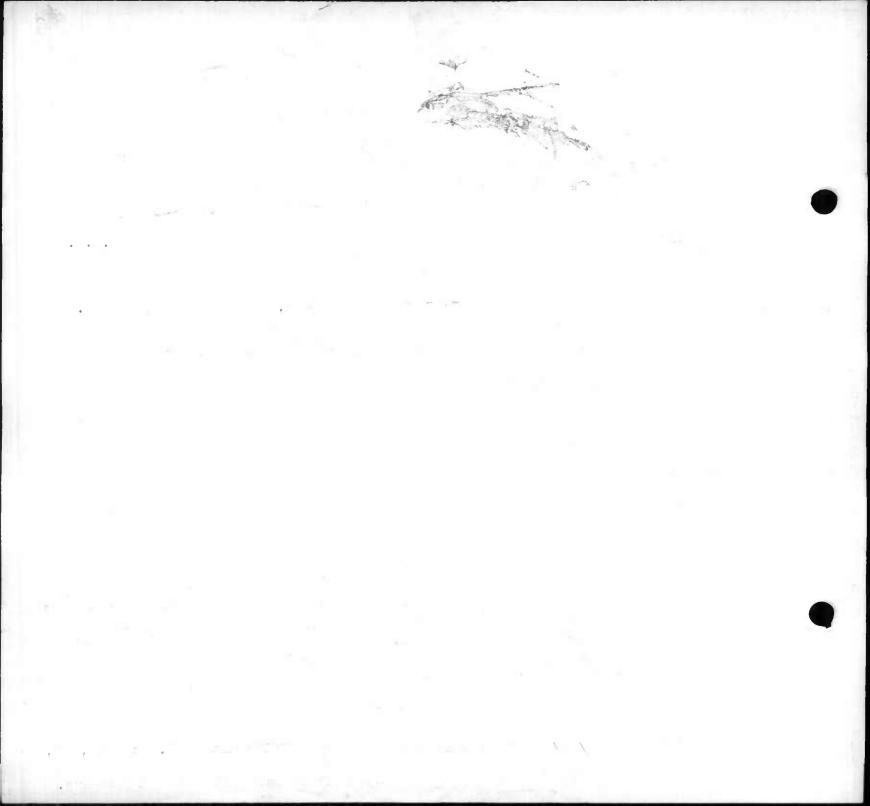
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BALTIMORE	CITY	HEALTH	DEPARTMENT
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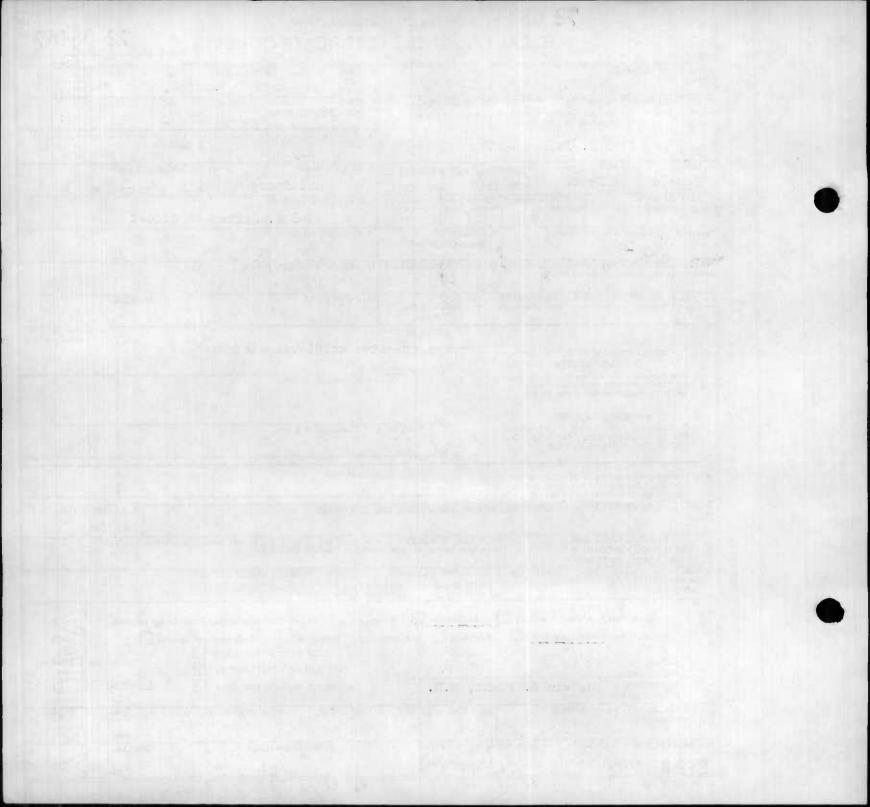
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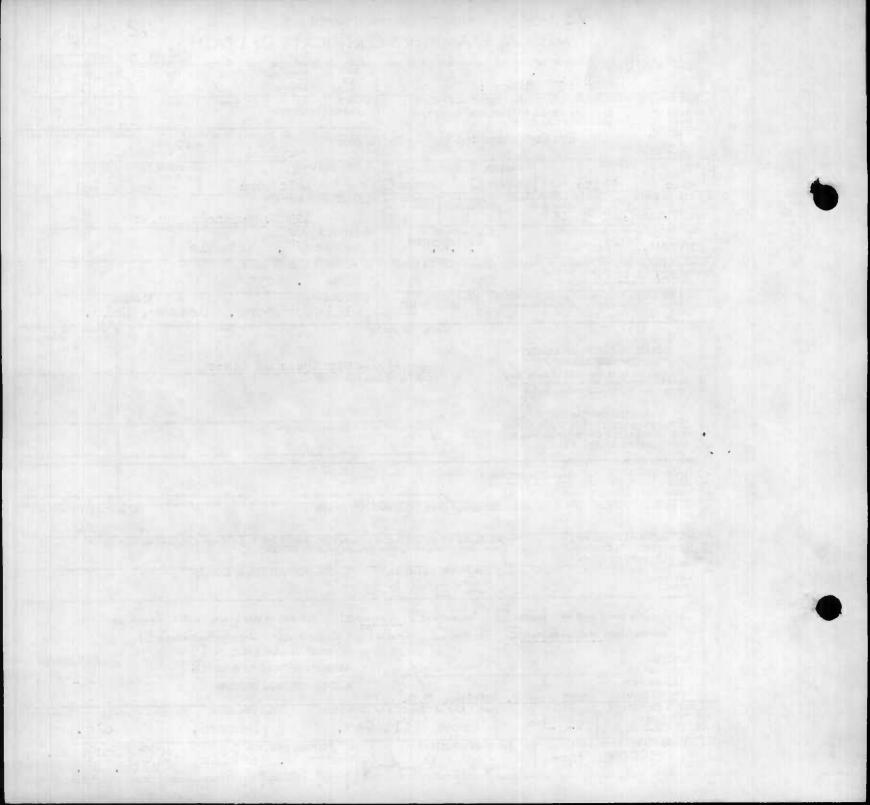
BIRTH NO.	UDGOD CER	TIFICATE C	F DEATH	REG. NO.	00300
1. NAME OF DECEASED	~			HOUR OF DEATH	F MARYLAND DHIMH
(Type of Print) Tohn	George		8-27		m S-DR.M
3. PLACE IN BALTIMORE, MARYLAND		A. USUA	AL RESIDENCE (Where d	leceasad livad Il inclitu	tiant residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION			d.	,	27/7
			OR TOWN	D. INSIDE	CITY LIMITS?
monty Sinai	Dursing	Ham Ba	Himore		s P NO M
4413 Park K	teights Que		ET AND NUMBER	er 4/:	A Due
5. SEX 6. RACE	7. MARRIED LINEVER M		1000	AGE (In yours OII	Under 1 Yr., II Under 24 Hrs.
m. W	WIDOWED DIV	ORCED 14- 0	27-05 105	biethday) Mi	onths Days Haus Min.
10A, USUAL OCCUPATION (Give kind of done during most of working life, even if retire	work 108, KIND OF BUSINESS O	R INDUSTRY 11. BIRTI	PLACE (State or laraign	country) 12	CITIZEN OF WHAT COUNTRY
Retired				}	U.S.A.
13. FATHER'S NAME		14. MO1	HER'S MAIDEN NAME		U O O O O O O O O O O O O O O O O O O O
					3 3
15. Was Deceased Ever in U. S. Armed	Forces? [16, SOCIAL	17. INFO	RMANT		ADDRESS
(Yes, na oi unknown) (If yes, give war or o	dates of sorvice) 46 SECURIT		y Mohr, 483	l Park Heig	hts Ave.
18. 11 1 2 1	CAUSI	OF DEATH			APPROXIMATE INTERVAL
LEADING TO DEA'  (This does not meen the mode heart foilure, osthenio, etc., it mer injury or complication which couse the complication which couse to the couse of the couse	of dying, e.g., (A) Miles of the disease, sed death.)  SES  if any, giving (C)	E TO, OR AS A CONSE	QUENCE OF:	Lesease lent	***************************************
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. C WAS 1		ATION 20A.	AUTOPSY? (Yes ar Na) 2	OB, IF YES, WERE FIND N CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofily medical examines)	21 B. PLACE OF Inhome, form, factor	SURY (e.g., in or about ry, street, office bldg.,	21 C. WHERE DID INJURY OCCUR?	(If In Baltimore Cit	y, give exact location)
OF INJURY (Month) (Doy) (Ye	orl (Haur) 21E INJURY OC	CURRED	21F. HOW DID INJURY	OCCUR?	
(APPROXI)	While At Wark	Not White	/1		
22. I certify that (I) (this hospi		1 11 41	17 197	2//100	-20 100
that (I) (we) last saw the dece	////	26 19		-(-u) (our) -oi-id	death occurred an the date
and haur and from the causes s				n(my) (our) opinion	death occurred an the date
23A. SIGNATURE	(1) (NE) (010)	ter not) view the	body after death.	1228	DATE SIGNED
Xmint-	Xavs/M.	Attending (	Med. Stal		the source
23C-PHYSICIANS	J. J.	DEGREE Phys.   23D. ADD			CB 75-19/2
PHYSICIANS NAME (Typo)	T. LAUY,	M.D 350	3 w. Kogs	er Broth	In a led
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C, NAME 61 CEME	TERY OF CREMATORY	24D. LOCA	ITION (City, to	wn, or county) (Stote)
Burial 8/30	/72 Anatomy	Borad	Unive	rsity Med.	School ,Bal,Md.
25A. DATE REC'D BY HEALTH DEPT.	258 MAME OF REGISTRAR	25C. I	UNERAL DIRECTOR	-	ADDRESS
SEP 6 1972	Fredroymak	UNION K	enneth Law	+611 Park He	eights Ave.



1	72 08487 BALTIMORE CITY HEALTH DEPARTMENT	
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGING	72 08487
	I. NAME OF DECEASED (Ivpe or Print)  COZIE MAE HUNTER    2. DATE   Known	Year Hour
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)  3. DATE  PRONOUNCED DEAD  August 30, 1	972 Haur 12:10 P
	5. USUAL RESIDENCE (Where deceosed lived. If Institution A. STATE Mary land  S. USUAL RESIDENCE (Where deceosed lived. If Institution A. STATE	m: residence before admission)
	6. SEX 7. RACE B. MARRIED A NEVER MARRIED C. CITY OR TOWN D. INSIDE C	
	9. DATE OF BIRTH  10. AGE (In years   *Under 1 Yr. If Under 24 Hrs.   E. STREET AND NUMBER   Months; Doys   Hours   Min.   2203 E. Jefferson Street	res 🖺 No 🗌
	11. BIRTHPLACE (State on foreign country)  12. CITIZEN OF WHAT COUNTRY?	rop .
	14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN MAME  American freilred)  Anthory	
	(res, ng of unknown) (il yes, give wor or doles of service) SECURITY NO. Frankle Funter 20	203 Gefferen
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., injury or complication which coused death.)  CAUSE OF DEATH  Hyperten ive cardiovascular disease  (A)IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:	APPOXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) DISEASE OR CONDITION IN PART 1 (A)  DISEASE OR CONDITION IN PART	
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., in or obout 22C, WHERE DID (If in Bollimore City, give excluded by the bound of the bollimore City, give excluded by the bound of the bollimore City, give excluded by the bound of the bollimore City, give excluded by the bollimore City and the bollimore City and the bollimore City, give excluded by the bollimore City and the bol	NO act location)
	UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK	
	1 certify that I held an inquiry inspection A Autopsy and that on this basis, death in my resulted from: Natural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE MAD. ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
	NAME (Type)	August 31, 1972
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	Mosel Carolina
	VS 151-REV. 1/1/68 Charles of ayu	e i

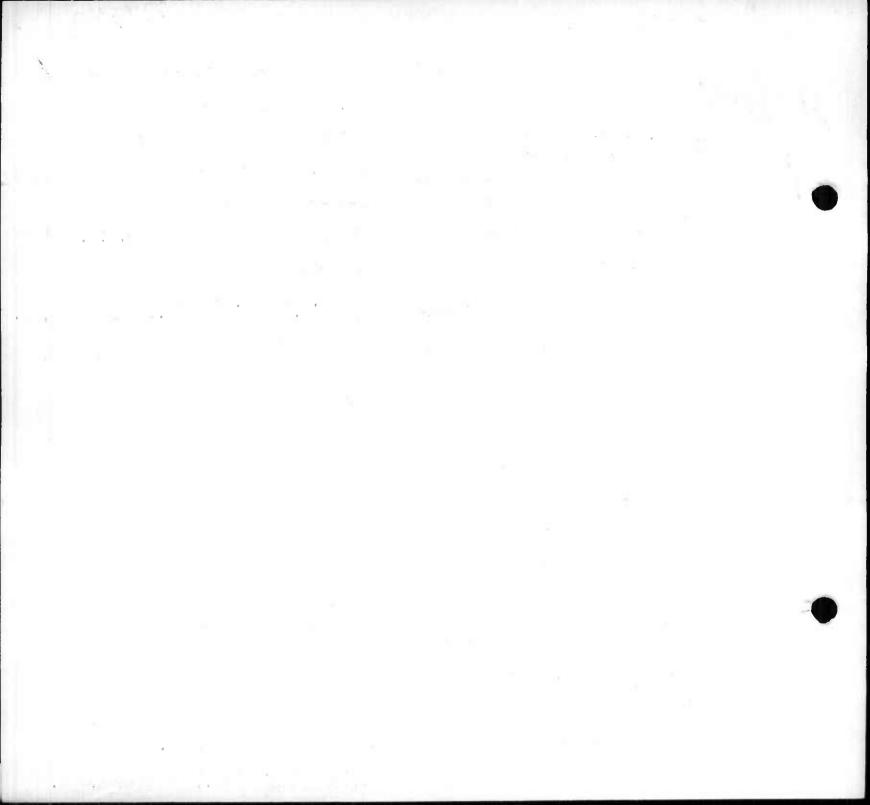


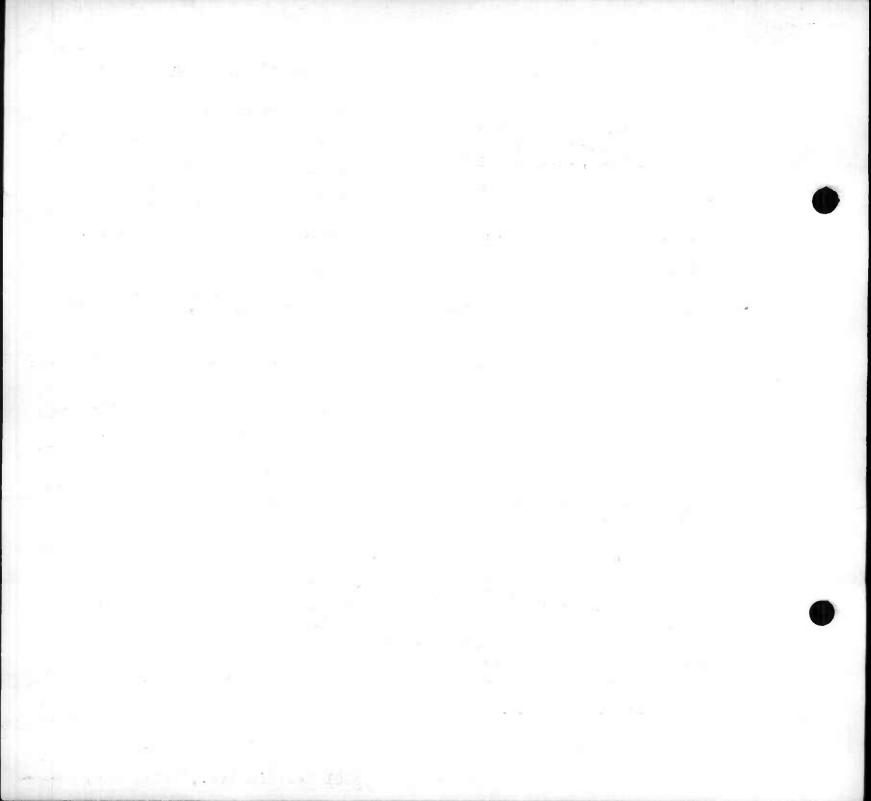
BIRTH NO.  1. NAME OF DECEASED  1. Trac/y/ Hestrole  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  5. DATE  6. SEX  1. RACE  1. MARYLAND  6. SEX  1. RACE  1. MILE  1. SINGHE STREET AND NUMBER  ADDRESS CRICATIONS  1. SINGHER'S NAME  1. SINGHER'S	, 72 0848				,-	72 08	488
Trac y   Horizon   Color   Final   Trac y   Horizon   Color		L EXAMINER'S	CERTIFICATE	OF DEAT			
APPLICATION	I. NAME OF DECEASED H.	ole	OF Education	_	Doy 1	Tear	HOUP
University Hospital  5. USUAL RESIDENCE (Where deceased lived, I limitulion: residence before admission)  A. STATE Maryland  6. SEX  7. RACE  Male  White  Widowed  Widowed  Divorced  Divorced  Baltimore  P. DATE OF BIRTH  A. STATE  Maryland  D. INSIDE CITY LIMITS?  Baltimore  Yes  No  D. INSIDE CITY LIMITS?  Baltimore  Yes  No  L. CITY OR TOWN  Baltimore  Yes  No  D. INSIDE CITY LIMITS?  Baltimore  Yes  No  L. CITY OR TOWN  Baltimore  Yes  No  L. STREET AND NUMBER  423 W. Saratoga Street  Tracy C. Heatwole  Tracy C. Hea	4. PLACE IN BALTIMORE, MARYLAND, WHERE F	PRONOUNCED DEAD	3. DATE	Month	Day 1	Yeor	Haur
Male White Whole Divored Divored Baltimore P. D. INSIDE CITY LIMITS?  Male White Whole Divored Divored Baltimore P. D. INSIDE CITY LIMITS?  Male Whole Divored Divored Baltimore P. D. INSIDE CITY LIMITS?  P. DATE OF BIRTH PLACE (shore or foreign country)  10.AGE (in years it lineder) Yr. II Under 24 Mrt.  Apr. 12, 1926  11. BIRTHPLACE (Shore or foreign country)  Denver, Colorado  12. CHIZEN OF Whole Part of the Colorado  13. FATHER'S NAME  Tracy C. Heatwole  14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, negerunknown) (if yes, give wor or dotes of service)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, negerunknown) (if yes, give wor or dotes of service)  17. SOCIAL NO. II. INFORMANT Ollinger Mort. Denver, Colo.  19. 1  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart flowing one, heart flowing one, injury or complication which caused deeth.)  ANTECEDENT CAUSES  DISEASES OR CONDITION AST. (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ROOT CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ROOT CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE ROOT OF THE ROOT CONTRIBUTING TO TH	OR INSTITUTION		A. STATE	Where deceased I			
9. DATE OF BIRTH Apr. 12,1926  Apr. 12,19	MAK		C. CITY OR TOWN				
I. BERTHPLACE (slote or foreign country)   I. CITIZEN OF WHAT CAUNTRY? Tracy C. Heatwole	9. DATE OF BIRTH 10. AGE (In years	I Under 1 Yr. II Under 24 Hrs.	E. STREET AND NUMB	ER			№ Ц
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, eager unknown) (If yes, give wor or dates of service)   17. SOCIAL SECURITY NO.   18. INFORMANT Ollinger Mort.   Denver, Colo.   19.	11. BIRTHPLACE(Stote or foreign country) Denver, Colorado	WHAT COUNTRY?	Tracy C.	Heatwo			•
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, osthenica, etc., it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.  (A) IMMEDIATE CAUSE CIrrhosis of liver DUE TO, OR AS A CONSEQUENCE OF:  (B) DUE TO, OR AS A CONSEQUENCE OF:  (C)  (C)  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.			15. MOTHER'S MAIDEN Edna M. H	oyt			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No Yes Underlying Or Contrib.)  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UNDERLYING OR CONTRIB.  UNDERLYING OR CONTRIB.  DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No Yes Underlying Or Contrib.)  ANTECEDENT CAUSE WAS UNDERLYING OR CONTRIB.  DUE TO, OR AS A CONSEQUENCE OF:  (C)  10  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UNDERLYI	14. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no er unknown) (If yes, give wor or dates of service)	57 17. SOCIAL SECURITY NO.		Mort.			
Yes  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (if in Baltimore City, give exact location) injury occur?  Yes  22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (if in Baltimore City, give exact location) injury occur?	LEADING TO DEATH  (This does not mean the made of dying, e.g., heart follure, asthenia, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THIS UNDERLYING CONDITION LAST	(B) DUE TO, OR A D	AS A CONSEQUENCE OF:				
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (if in Baltimore City, give exact location) injury occur?	OK. A	-	AS PERFORMED			21. AUTO	
22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURED WHILE AT WORK AT WORK 22F. HOW DID INJURY OCCUR?	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Doy) (Year) (Hou	22E.INJURY OCCURRED.	22F. HOW DI			ct location)	
I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Notural couses Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 9-1-72	I certify that I held on Inquiry resulted from: Notural couses X  ACTUAL SIGNATURE EXAMINER'S	Inspection Auto	opsy and that Homicide CHIEF MEDIC ASSISTANT MEDIC	Undetermi CAL EXAMINER CAL EXAMINER	ned manner		
NAME (1ype) William P. Mullov. M.D.  24A. BURIAL CREMATION, REMOVAL (Specify) P-41-72 Crown Hill Cem. (City, town, or county) (State)  Crown Hill Cem. Denver, Colo.	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY					
25A. DATE REC'D BY HEALTH DEPT.  SFP 6 1972  25B. NAME OF REGISTRAR  LYS 151-REV. 1/1/68	SEP 6 1972						



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

A-35	D 35072	I.S.A	BALTIMORE CITY	HEALTH DEPARTMENT		72 08489
BIRTH NO.		COM	CERTIFICA	TE OF DEATH	REG. NO	E OE MARYLAND-DEME
1. NAME OF DEC				2. DATE	AND HOUR OF DEATH	
	PHILIP A	DAMS	(D'ADAMO)	Aug	gust 30, 1	972   2:00 P. N
3. PLACE IN BALT	IMORE MARYLAND, V	VHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (WI A. STATE 8. COU	here deceased lived. II	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	AL OR INS	TITUTION, GIVE STREET		Ltimore	601
	Curley St:	reet		Baltimore	D. IN	SIDE CITY LIMITS?
Baltim	ore, Maryl	and		E. STREET AND NUMBER		YES NO NO
5. SEX	6. RACE	17		114 N. Curl		
Male	White	WIDOW	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	PATION (Give kind of world	108 KIND	OF BUSINESS OR INDUSTRY	3-17-87	85	
done during most of w Labore:	DIVING HIS AAAH II IAHIAO)		lity	Italy	reign country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAM	\E	1		14. MOTHER'S MAIDEN NA	A AA F	O.S.A.
Guisep	pi D'Adamo			Concetta		
5. Was Deceosed	Ever In U. S. Armed For (It yes, give wor or dote	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	yes, give wor or one	s of service		Mrs. Anns	A. Jondo ghland Av	
NO 18.	E F2 1		212-05-5206	A 401 N. H1	ghland Av	
73	OR CONDITION DI	SCT V		•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
l Disease	EADING TO DEATH	CECILY	PSEUdo	BULBAR PARAL	4515	0
(This does no	t mean the mode al	dying, e.	9. (A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	***********	2 months
injury ar camp	sthenio, etc. Il means lication which caused	the diseas	ie,	CONSEQUENCE OF:		
	NTECEDENT CAUSES		CENEBRA	· Antenioscle		11
	CONDITIONS, II	name atuta	(R)	A CONSEQUENCE OF:	1013	11 months.
rise to the	obove couse (A) CONDITION last.	sloting It	(C)	A CONSEQUENCE OF:		
	11		(9/	***************************************		************
= 110 THE DEATH	ANT CONDITIONS COL	E TERMINA	G L			
	NOTION GIVEN IN PART	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	A) 208 IF YES 14000	***************************************
	WAS PERF	ORMED	THE STERMING	ADIOPSIA (les of M	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
. OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF	he	18. PLACE OF INJURY (e.g., in ome, form, foctory, street, aff ic.)	or obout 21C. WHERE DID INJURY OCCUR?	(If In Boltimo	re City, give exact location)
21D.TIME (	Month! (Doy) (Yearl	(Hour) 21	E INJURY OCCURRED	215 110111 212 1111		
OF INJURY		V	While At Not While At Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify th	nat (1) (shis bosnisal)		the deceased fram A			
that (i) (we) !	est saw the decease	d offive on	August 27		19 72 to 10	nion death accurred an the dote
and hour and	from the causes state	ed obove.	(1) ( <del>We)-(did)-</del> (did nat) vi	ew the bady ofter death.		and the doll
23A. SIGNATURI	00			- the day offer decim		23B, DATE SIGNED
author	us ( . Xenras	dowst		ding Med.	Staff Phys.	
23C. PHYSICIAN	S/	noun		Director L	Phys. 🗀	09-01-72
ANTHON		0.01.0	-44 0		T BALTI	MORE Md. 21202
MA BURIAL CREM	ATION, 248, DATE		DEGREE NAME OF CREATERY OF CREATERY			
Burial	ecifyl		· · · · · · · · · · · · · · · · · · ·			ty, town, or countyl (Stote)
A. DATE REC'D B	9-2-72	HO	oly Redeemer			d.
	972 Did		OF REGISTRAR	NI cholas	Matthews	altimore, Nd.
150-REV. 1/1/68				TOOL DAY	HAVE., B	WT OTHOLG MA



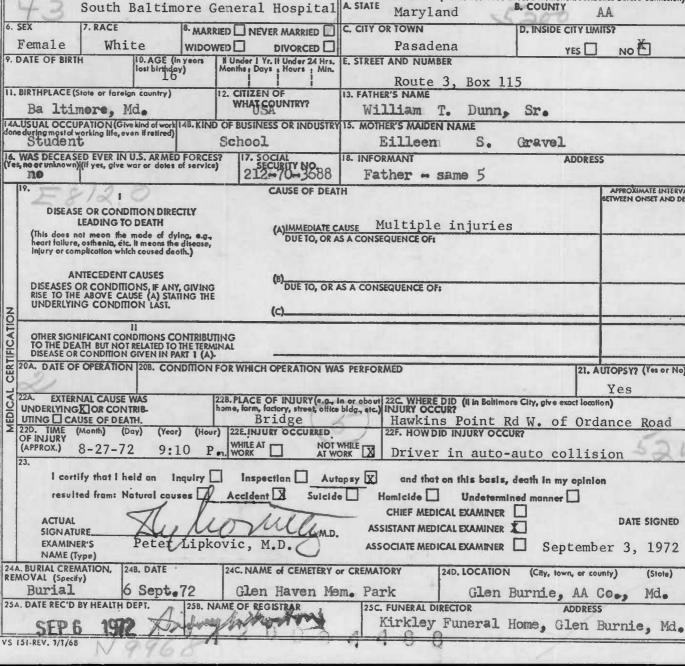


72 (843) STATE OF MARYLAND-DHINH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH PEG	NIC

					CERTIFI			REG. NO	0,13		
BIRTH NO.	TOTAL CO				llo DAYE	v 16	AA 1		V	- Lu	
(Type or Print)	HA	ARRY MONR	OE SM	ITH SR	2. DATE OF DEATH	Known (1)	Month Augus	t 30.	1972	Hour	M.
4. PLACE IN BA	ALTIMORE, MARY	LAND, WHERE	PRONOU	NCED DEAD	3. DATE		Manth	Day	Yeor	Havr	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS	N HOSPITAL OR IN OR LOCATION)	ISTITUTION	, GIVE STREET		RESIDENCE (Where	Augus			11:30	1041
3	Univers	sity Hosp	ital	(DOA)	A. STATE	Maryland		COUNT		2 ARUA	JEL
6. SEX	7. RACE	8. MAI	RRIED M	NEVER MARRIED	C. CITY OF	RTOWN		D. INSIDE	CITY LIMITS	?	
Male	White	e wide	WED 🗌	DIVORCED [	]	Edgewate	r		YES 🗌	NO 9	
9. DATE OF BIR	10 1 D	0. AGE (In years ast birthday)	If Unde Months	T 1 Yr. II Under 24 Hi Days Haurs Mi	s. E. STREET	AND NUMBER	261			500	-70
NOU 27	(Stote or foreign			ZEN OF	13, FATHER	Rte 2, B	0x 164	H		Sec. 12.	-
_		country)		AT COUNTRY?	M.O.	TILLER	San	TH			
	MORE	ind of work 14B, KIN	JD OF BUS	SINESS OR INDUS	RY 15. MOTHE	P'S MAIDEN NA	ME	1 17			
done during most o	working life, eyen	Ifretired) PE		EIUM	LOT		/	TURK	VER		
16. WAS DECEA	SED EVER IN U.	S. ARMED FORC	ES?  17	SECURITY NO.	18. INFOR	MANT			ADDRESS		
128	1946	or dates of servi	3	77 42 27	2 MAR	645RITS	L. S.	MITH	1 样	5 AB	CE,
19.	2156	0		CAUSE OF D	ATH				8E	APPROXIMATE IN	ND DEATH
DISEA	SE OR CONDITI	ON DIRECTLY									
	LEADING TO			(A)IMMEDIAT	E CAUSE	Cerebro-c	ranial	injur	ies		
heart lally	nat mean the m re, asthenia, etc. It omplication which	ade of dying, e.g	eg Pe		R AS A CONSEC	QUENCE OF:					
injury or co	ompilearian which	caused dealn.)									
	ANTECEDENT CA	ALICEC									
			_	(8)	D AS A CONS	OUTNOT OF					
DISEASES RISE TO T	OR CONDITION	NS, IF ANY, GIVING	IG IE	(8) DUE TO, C	R AS A CONSE	QUENCE OF:					
DISEASES RISE TO T		NS, IF ANY, GIVING	IG IE	(8) DUE TO, C	R AS A CONSE	EQUENCE OF:					
DISEASES RISE TO T	OR CONDITION HE ABOVE CAUS VING CONDITIO	NS, IF ANY, GIVIN SE (A) STATING TH IN LAST.			R AS A CONSE	EQUENCE OF:					
DISEASES RISE TO T	OR CONDITION HE ABOVE CAUS ING CONDITION III GNIFICANT CONDITION EATH BUT NOT RE	NS, IF ANY, GIVINGE (A) STATING THE LAST.  OUTIONS CONTRIBELLATED TO THE TE	UTING		R AS A CONSE	QUENCE OF:					
DISEASES RISE TO T	OR CONDITION HE ABOVE CAUS ING CONDITIO  BUT CONDITION EATH BUT NOT R OR CONDITION G	NS, IF ANY, GIVINGE (A) STATING THE LAST.  OUTIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TERM OF THE TERM	UTING MINAL A)-						21. AU	OPSY? (Yes o	or Na)
DISEASES RISE TO TUNDERLY UNDERLY OTHER SIGN TO THE DISEASE OF THE	OR CONDITION HE ABOVE CAUS ING CONDITIO  BUT CONDITION EATH BUT NOT R OR CONDITION G	NS, IF ANY, GIVINGE (A) STATING THE LAST.  OUTIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TERM OF THE TERM	UTING MINAL A)-	(c)					21. AUI	TOPSY? (Yes o	or Na)
DISEASES RISE TO THE VIOLENT OF THE DISEASE OF THE	S OR CONDITION HE ABOVE CAUS I'ING CONDITIO  SIFICANT COND EATH BUT NOT R OR CONDITION G OF OPERATION  ERNAL CAUSE W	NS, IF ANY, GIVING THE (A) STATING THE (A) STATING THE INTERPRETATIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TENT OF THE INTERPRETATIONS CONDITIONS (A)	UTING MINAL A)- N FOR WI	(C)	WAS PERFORM	MED	(If in Baltimare	City, give		Yes	ır Na)
DISEASES RISE TO THE SIGN THE SIGN TO THE SIGN T	S OR CONDITION HE ABOVE CAUS VING CONDITIO  STATE SUT NOT RESTRICT CONDITION OF OPERATION  ERNAL CAUSE W  IG TOR CONTROL	NS, IF ANY, GIVING TO SEE (A) STATING TO NO LAST.  OR LAST.	UTING MINAL A)- N FOR WI	(C)	WAS PERFORM	MED  22C. WHERE DID INJURY OCCUR?	_		exact location	Yes	ır Na)
DISEASES RISE TO THE SIGN TO THER SIGN TO THE SIGN TO	S OR CONDITION HE ABOVE CAUS I'ING CONDITIO  SIFICANT COND EATH BUT NOT R OR CONDITION G OF OPERATION  ERNAL CAUSE W	NS, IF ANY, GIVING THE (A) STATING THE (A) STATING THE NEW PART TO THE TERM IN PART TO (A) 1208. CONDITION (A) 145-45.	UTING CMINAL A). N FOR WI	(C)	was perform	MED	ast of	Crown	exact location	Yes	or No)
DISEASES RISE TO THE SIGN TO THER SIGN TO THE SIGN TO	S OR CONDITION HE ABOVE CAUS YING CONDITIO  BUT ON THE BUT NOT RE OF CONDITION GO  FOR CONDITION  FOR CONDITION  FOR CONDITION  FOR CONDITION  FOR CONTRACT  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH	NS, IF ANY, GIVING THE (A) STATING THE (A) STATING THE NEW PART TO THE TERM IN PART TO (A) 1208. CONDITION (A) 145-45.	UTING RMINAL A)- N FOR WI  228. PLA home, fo	(C)	was perform	22C. WHERE DID INJURY OCCUR? Rte 178 e: 22F. HOWDID IN Driver in	ast of JURY OCCU auto-a	Crown:	exact location sville	Yes ) , Md.	300
DISEASES RISE TO THE DISEASE OF TO THE DISEASE OF T	S OR CONDITION HE ABOVE CAUS YING CONDITIO  BIT ON THE BUT NOT RE OR CONDITION G  OF OPERATION  ERNAL CAUSE W  HIG WOR CONTR  CAUSE OF DEATH  (Manth) (Day	NS, IF ANY, GIVING (A) STATING THE (A) STATING THE NEW PART I (A) STATING THE TENTH OF THE TENTH	UTING RMINAL A).  N FOR WI  228. PLA home, fo	(C)	was perform g., in ar about fice bidg., etc.)	22C. WHERE DID INJURY OCCUR? Rte 178 e: 22F. HOWDID IN Driver in	ast of JURY OCCU auto-a	Crown:	exact location sville	Yes ) , Md.	300
OTHER SIGN TO THE DISEASE OF THE DIS	S OR CONDITION HE ABOVE CAUS YING CONDITIO  BIT ON THE BUT NOT RE OR CONDITION G  OF OPERATION  ERNAL CAUSE W  HIG WOR CONTR  CAUSE OF DEATH  (Manth) (Day	NS, IF ANY, GIVING IN LAST.  DITIONS CONTRIBUTED TO THE TEST OF TH	UTING MINAL A). N FOR WI  228. PLA home, fo	(C)	WAS PERFORM  a., in ar about fitce bldg, etc.)  OT WHILE WORK  Autopsy	MED  22c. WHERE DID INJURY OCCUR? Rte 178 ex 22f. HOWDID IN Driver in struct ond that on t	ast of JURY OCCU auto-a	Crown:	exact location sville	Yes ) , Md.	300
DISEASES RISE TO TO THE RISE T	SOR CONDITION HE ABOVE CAUS YING CONDITIO  BILLIAN CONDITION BEATH BUT NOT RE OR CONDITION G OF OPERATION  ERNAL CAUSE W IG MORE CAUSE OF DEATH (Manth) (Day 8-30-72	NS, IF ANY, GIVING IN LAST.  DITIONS CONTRIBUTED TO THE TEST OF TH	UTING MINAL A). N FOR WI  228. PLA home, fo	(C)	WAS PERFORM  a., in ar about fitce bldg, etc.)  OT WHILE WORK  Autopsy	MED  22C. WHERE DID INJURY OCCUR? Rte 178 ex 22F. HOWDID IN Driver in Struct ond that on to	ast of JURY OCCU auto-a	Crowns  to continue  behind  continue  leoth in n	exact location sville ollisic d. caus be thin	Yes ) , Md.	300
DISEASES RISE TO THE NUMBER SIGN TO THE DISEASE OF	S OR CONDITION HE ABOVE CAUSE ING CONDITION OF CONDITION	NS, IF ANY, GIVINGE (A) STATING THE (A) STATING THE NEW PART 1 (A) 208. CONDITION (A) (Year) (H) (Year) (H) (Year) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	UTING MINAL A). N FOR WI  228. PLA home, fo	(C)	WAS PERFORM  g., in ar abaut  iftee bidg., etc.)  OI WHILE  WORK  Autopsy  Ide H	MED  22C. WHERE DID INJURY OCCUR? Rte 178 e: 22F. HOWDID IN Driver in Struct ond that on the	ast of JURY OCCU auto-a k from his basis, o Undetermin	Crowns	exact location sville ollisic d. caus be thin	Yes  , Md.  on; car  lng sub  rown out	ject
DISEASES RISE TO TO THE RISE T	S OR CONDITION HE ABOVE CAUSE ING CONDITION BEATH BUT NOT REPORTED TO CONDITION GOOD FOR CONDITION GOOD FOR CONDITION GOOD FOR CONTRACT CO	NS, IF ANY, GIVINGE (A) STATING THE (A) STATING THE NEW PART 1 (A) 208. CONDITION (A) (Year) (H) (Year) (H) (Year) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	UTING MINAL A). N FOR WI  228. PLA home, fo	HICH OPERATION  ACE OF INJURY (e. orm, lactory, sireet, orm, lactory,	WAS PERFORM  g., in ar abaut  iftee bidg., etc.)  OI WHILE  WORK  Autopsy  Ide H	MED  22C. WHERE DID INJURY OCCUR? Rte 178 es 22F. HOWDID IN Driver in struct ond that on to	ast of JURY OCCU auto-a k from his basis, o Undetermin	crowns  uto co behine leoth in n	exact location sville ollisic d caus be thi ny opinion	Yes  , Md.  on; car  ing sub  rown out	ject-
DISEASES RISE TO THE DISEASE OF INJURY (APPROX.)  23.  DISEASE OF INJURY (APPROX.)  23.  ACTUAL SIGNAL EXAMINATION OF INJURY (APPROX.)	SOR CONDITION HE ABOVE CAUS ING CONDITIO  SINIFICANT CONDITION EATH BUT NOT R OR CONDITION G OF OPERATION  ERNAL CAUSE W AG DOR CONTR CAUSE OF DEATH (Manth) (Day 8-30-72  Outlify that I hel ulted from: Na  AL	NS, IF ANY, GIVING IN LAST.  DITIONS CONTRIBUTED TO THE TEST IVEN IN PART 1 (ALL PORT) (HE ALL PORT)	UTING MINAL A). N FOR WI  228. PLA home, fo	HICH OPERATION  ACE OF INJURY (e. orm, lactory, sireet, orm, lactory,	WAS PERFORM  g., in or about the bidg., etc.)  O. OT WHILE X. WORK X. Lide H. H. ASS	MED  22C. WHERE DID INJURY OCCUR? Rte 178 e: 22F. HOWDID IN Driver in Struct ond that on the	ast of JURY OCCU auto-a k from his basis, of Undetermin EXAMINER	crowns  uto co behine leoth in n	exact location sville ollisic d caus be thi ny opinion	Yes  , Md.  on; car  lng sub  rown out	ject-
DISEASES RISE TO THE MEDICAL PROPERTY OF INJURY (APPROX.)  24A. BURIAL CR	SOR CONDITION HE ABOVE CAUS ING CONDITIO  BILLION CONDITION  BOTH SUT NOT REPORT OF OPERATION  BERNAL CAUSE WAS BOTH CONTROL  CAUSE OF DEATH  (Manth) (Day  8-30-72  BOTH SUT NOT REPORT OF OPERATION  ALL  ATURE  INER'S Mary  (Type)  EMATION, 241  EMATION, 241	NS, IF ANY, GIVING IN LAST.  DITIONS CONTRIBUTED TO THE TEST IVEN IN PART 1 (ALL PORT) (HE ALL PORT)	UTING (MINAL A).  N FOR WE  228. PLA home, fo  WHII  Acci  Acci  L PU  att,	HICH OPERATION  ACE OF INJURY (e. orm, lactory, sireet, orm, lactory,	WAS PERFORM  g., in ar abaut  iftee bidg., etc.)  O	MED  22C. WHERE DID INJURY OCCUR? Rte 178 e: 22F. HOWDID IN Driver in Struct ond that on the control of the control occur in the contro	ast of JURY OCCU auto-a k from his basis, of Undetermin EXAMINER	Crowns	exact location sville ollisic d caus be thi ny opinion	Yes  , Md.  on; car  ing sub  rown out  bate sign 31, 1972	ject NED 2
DISEASES RISE TO THE MINE TO THE SIGN ACTUAL SIGN A EXAMINAME  24A. BURIAL CREMOVAL (Specific property)  DISEASE OF THE DISEAS	SOR CONDITION HE ABOVE CAUS ING CONDITIO  BILLION CONDITION  BOTH SUT NOT REPORT OF OPERATION  BERNAL CAUSE WAS BOTH CONTROL  CAUSE OF DEATH  (Manth) (Day  8-30-72  BOTH SUT NOT REPORT OF OPERATION  ALL  ATURE  INER'S Mary  (Type)  EMATION, 241  EMATION, 241	NS, IF ANY, GIVING (A) STATING THE (A) STATING THE NEW LAST.  PROPERTY OF THE TENT OF THE	UTING (MINAL A).  N FOR WE  228. PLA home, fo  WHII  Acci  Acci  L PU  att,	(C)	WAS PERFORM  g., in ar abaut  iftee bidg., etc.)  O	MED  22C. WHERE DID INJURY OCCUR? Rte 178 e: 22F. HOWDID IN Driver in Struct ond that on the control of the control occur in the contro	ast of JURY OCCU auto-a k from his basis, o Undetermin examiner   examiner	Crowns	exact location sville causibe thin y opinion or C	Yes  , Md.  on; car  ing sub  rown out  bate sign 31, 1972	ject NED 2
DISEASES RISE TO THE MINE TO THE SIGN ACTUAL SIGN A EXAMINAME  24A. BURIAL CREMOVAL (Specific property)  DISEASE OF THE DISEAS	S OR CONDITION HE ABOVE CAUSE ING CONDITION OF CONDITION	NS, IF ANY, GIVING IN E (A) STATING IN E (A) STATING IN IN LAST.  DITIONS CONTRIBUTED TO THE TENTEN IN PART I (A) 208. CONDITION (A) (Year) (He) 10:20 P  Id on Inquiry tural causes [A] (A)	UTING (MINAL A).  N FOR WE  228. PLA home, fo  WHII  Acci  Acci  L PU  att,	(C)	WAS PERFORM  G., in ar abaut  inter bidg., etc.)  O O O WHILE  WORK  Autopsy K  LI de H  ASS  ASS  ASS  ASS  ASS  ASS  ASS  A	MED  22C. WHERE DID INJURY OCCUR? Rte 178 e: 22F. HOWDID IN Driver in Struct ond that on the control of the control occur in the contro	ast of JURY OCCU  auto-a  k from his basis, o  Undetermin  EXAMINER  EXAMINER  LOCATION	Crowns	exact location sville causibe thin y opinion or C	Yes  , Md.  on; car  ing sub  rown out  bate sign 31, 1972	ject NED 2
DISEASES RISE TO THE MINE TO THE SIGN ACTUAL SIGN A EXAMINAME  24A. BURIAL CREMOVAL (Specific property)  DISEASE OF THE DISEAS	SOR CONDITION HE ABOVE CAUSE VING CONDITION  SOR CONDITION  FINE CONDITION  FOR CONDITION  FOR CONDITION  FOR CONDITION  FOR CONTRIBUTION	NS, IF ANY, GIVING IN E (A) STATING IN E (A) STATING IN IN LAST.  DITIONS CONTRIBUTED TO THE TENTEN IN PART I (A) 208. CONDITION (A) (Year) (He) 10:20 P  Id on Inquiry tural causes [A] (A)	UTING (MINAL A).  N FOR WE  228. PLA home, fo  WHII  Acci  Acci  L PU  att,	HICH OPERATION  ACE OF INJURY (o. 1rm, lactory, street, o Highway, INJURY OCCURRE LEAT NAME OF CEMETER  M. D.  NAME OF CEMETER  JELIAN NAME OF CEMETER	WAS PERFORM  G., in ar abaut  inter bidg., etc.)  O O O WHILE  WORK  Autopsy K  LI de H  ASS  ASS  ASS  ASS  ASS  ASS  ASS  A	MED  22C. WHERE DID INJURY OCCUR? Rte 178 e: 22F. HOWDID IN Driver in Struct ond that on the control of the control of the control occur.  CHIEF MEDICAL IN OCIATE MEDICAL IN CONTROL OCIATE MEDICAL IN CONTROL OCIATE MEDICAL IN FUNERAL DIRECTION	ast of JURY OCCU  auto-a  k from his basis, o  Undetermin  EXAMINER  EXAMINER  LOCATION	Crowns	exact location sville clisic d caus be thin ny opinion ar agust  The Address	Yes  , Md.  on; car  ng sub  cown out  DATE SIGN  31, 1972	ject NED 2
DISEASES RISE TO THE MINE TO THE SIGN ACTUAL SIGN A EXAMINAME  24A. BURIAL CREMOVAL (Specific property)  DISEASE OF THE DISEAS	GOR CONDITION HE ABOVE CAUSE (ING CONDITION DEATH BUT NOT REPORTED TO THE CONDITION OF OPERATION OF OPERATION (Manth) (Day 8-30-72 OPERATION OPERA	NS, IF ANY, GIVING IN E (A) STATING IN E (A) STATING IN IN LAST.  DITIONS CONTRIBUTED TO THE TENTEN IN PART I (A) 208. CONDITION (A) (Year) (He) 10:20 P  Id on Inquiry tural causes [A] (A)	UTING (MINAL A).  N FOR WE  228. PLA home, fo  WHII  Acci  Acci  L PU  att,	HICH OPERATION  ACE OF INJURY (o. 1rm, lactory, street, o Highway, INJURY OCCURRE LEAT NAME OF CEMETER  M. D.  NAME OF CEMETER  JELIAN NAME OF CEMETER	WAS PERFORM  G., in ar abaut  inter bidg., etc.)  O O O WHILE  WORK  Autopsy K  LI de H  ASS  ASS  ASS  ASS  ASS  ASS  ASS  A	MED  22C. WHERE DID INJURY OCCUR? Rte 178 e: 22F. HOWDID IN Driver in Struct ond that on the control of the control of the control occur.  CHIEF MEDICAL IN OCIATE MEDICAL IN CONTROL OCIATE MEDICAL IN CONTROL OCIATE MEDICAL IN FUNERAL DIRECTION	ast of JURY OCCU auto-a k from his basis, o Undetermin examiner examiner texaminer LOCATION TAPTIO	Crowns	exact location sville clisic d caus be thin ny opinion ar agust  The Address	Yes  , Md.  on; car  ng sub  cown out  DATE SIGN  31, 1972	ject NED 2

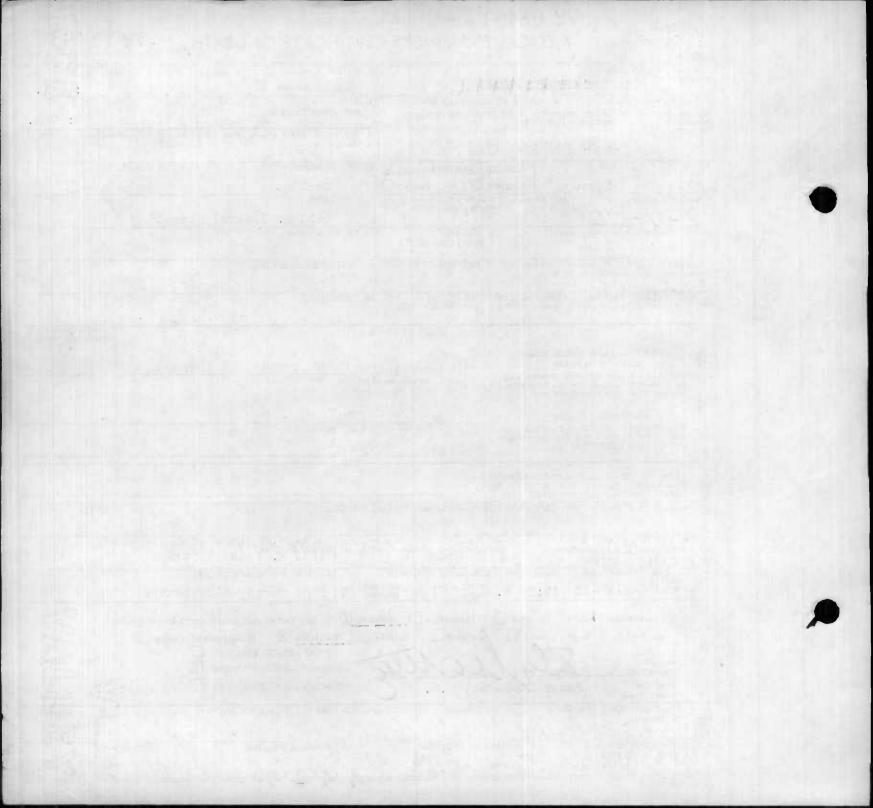
Topolitain See Against 1899



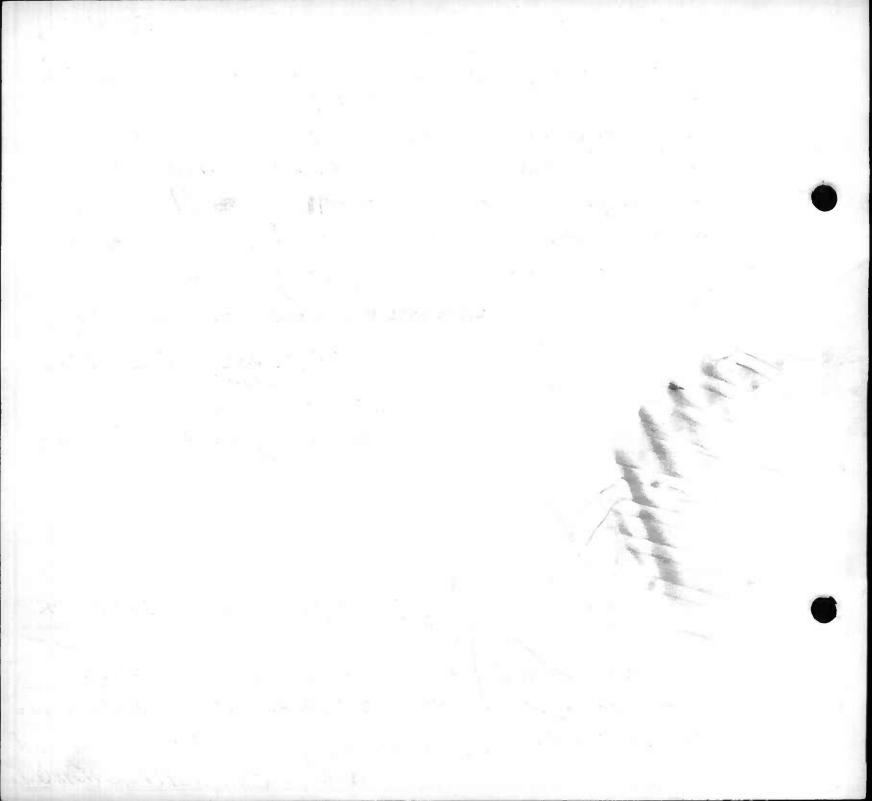
INVII. Carried in Carries and Carried St. S. c c

CHARGE OF MARYLAND-DUKE

	M 22X 72 08493 BALTIMORE CITY HE.			
	MEDICAL EXAMINER'S	CERTIFICATE OF I	DEATH REG NO	72 08493
	RTH NO.  NAME OF DECEASED			
	ROBERT EUGENE MYERS	OF	Month Doy August 27, 19	Year Hour 2:40 A. M.
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE	Manth Doy	Year Hour
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION)		August 27, 19	
	Johns Hopkins Hospital	S. USUAL RESIDENCE (Where d	eceased lived. If institution: B. COUNTY	residence before admission)
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	Maryland C. CITY OR TOWN	D. INSIDE CIT	IY LIMITS?
1	Male Negro WIDOWED DIVORCED	Baltimore	YE	s 🖾 No 🗆
9. [	DATE OF BIRTH    10. AGE (In years   II Under 1 Yr. II Under 24 Hrs.   Months   Days   Hours   Min.	E. STREET AND NUMBER 1632 E. Fed		
	BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY)	13. FATHER'S NAME	nyers	
14A dah	-USUAL DCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	26-0-	)
16	WAS DECEASED EVER IN U.S. ARMED FORCES?    17. SOCIAL   17. SOCIAL   SECURITY NO.	18, INFORMANT	AD	DRESS
(103	s, negrynknawn) (If yes, give wor ar dates of service) SECURITY NO.	Mae Colema	m-1632	E. Tedus It
Α	19. CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
		AUSE Gunshot wound	of abdomen	
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)	S A CONSEQUENCE OF:		
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:		
N	UNDERLYING CONDITION LAST. (C)			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA			21. AUTOPSY? (Yes or No) Yes
EDIC		in or obout 22C. WHERE DID (If I bldg., etc.) INJURY OCCUR? Fed		l location)
	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 8-26-72 10:58 P. WHILE AT	WHILE Shot during	<b>ry occur?</b> g altercation	
	23.  I certify that I held on Inquiry Inspection Aut	P	basis, death in my o	pinion
		opsy X and that on this		
	I certify that I held an Inquiry Inspection Aut	opsy A and that on this  Homicide A Un  CHIEF MEDICAL EXA	basis, death in my o	
	resulted fram: Natural causes	opsy X and that on this	basis, death in my o determined manner [ MINER ]	
24 A	I certify that I held an Inquiry Inspection Autres resulted from: Natural causes Caldent Suicident Suicident Signature  EXAMINER'S Peter Lipkovic, M.D.  ABURIAL CREMATION. 1248. DATE 1246. NAME of CEMETERY.	opsy A and that on this  Homicide W Un  CHIEF MEDICAL EXA  ASSISTANT MEDICAL EXA  ASSOCIATE MEDICAL EXA	basis, death in my o determined manner [ MINER ]	DATE SIGNED ust 27, 1972
REA	I certify that I held an Inquiry Inspection Autrested from: Natural causes Caldent Suicident Suicident Suicident Signature  EXAMINER'S Peter Lipkovic, M.D.  A. BURIAL CREMATION, 1248. DATE 24C. NAME of CEMETERY OF SUICIDENT COLUMN OF SUICIDENT CALLS	opsy A and that on this  Homicide W Un  CHIEF MEDICAL EXA  ASSISTANT MEDICAL EXA  ASSOCIATE MEDICAL EXA	basis, death in my or determined manner	DATE SIGNED ust 27, 1972
REA	I certify that I held an Inquiry Inspection Autres resulted from: Natural causes Caldent Suicident Suicident Signature  EXAMINER'S Peter Lipkovic, M.D.  ABURIAL CREMATION. 1248. DATE 1246. NAME of CEMETERY.	opsy A and that on this  Homicide W Un  CHIEF MEDICAL EXA  ASSISTANT MEDICAL EXA  ASSOCIATE MEDICAL EXA	basis, death in my or determined manner	DATE SIGNED ust 27, 1972

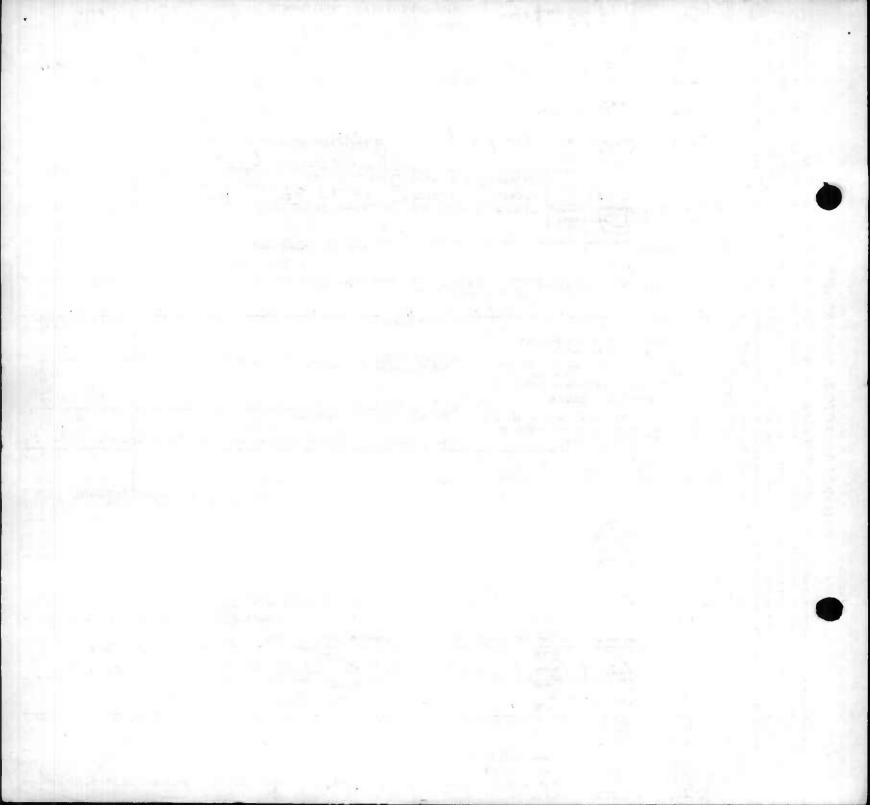


	M-21/1	72 0	8494	BALTIMORE CITY	HEALTH DE	PARTMENT		EO 00101
BI	RTH NO.	12 0	04.34	CERTIFICA	TE OF	DEATH	REG. NO	72 08494
1,1	NAME OF DECEASED		1				STATE	OF MARYLAND-DHMH
Ľ	Floris	Medley		-lora)		8-25	1-72.	112:05 A W
3.	PLACE IN BALTIMORE, A	AARYLAND, WHIRE	PRONOUNC	ED DEAD	4. USUAL R	ESIDENCE (Whe	re deceased lived. If i	nstitution: residence before admission)
H	ILL NAME OF (IF N	OT IN HOSPITAL OR	INSTITUTIO	N, GIVE STREET	14	1.		1600
	Belton Hill H				C. CITY OR 1	OWN	D. IN	SIDE CITY LIMITS?
1	Lafayatt & Jol	ha Sts. 2	Ca14 001	ESCENT CENT	10000	ND NUMBER		YES NO
7	Baltimore,	Maryland			13	06 W.	ZARVA	Vest.
5.	SEX 6. RACE	7- MA	ARRIED   N	VEVER MARRIED	8. DATE OF	BIRTH	9. AGE (in years lost birthdoy)	If Under 1 Yr. if Under 24 Hrs. Months Doys Hours Min.
10/	LUSUAL OCCUPATION	NID WID	OWED	DIVORCED [	5-3-6	<b>39</b> .	TO X/	7,110
dos	e during most of working life,	even if relired)	IND OF BUS	INESS OR INDUSTRY	11. BIRTHPLA	CE (Stole or forei	gn country!	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME	uje			14 1407450	ne	•	21.S.A.
		1	)		WOINER	S MAIDEN NAM	ME	
15.	Was Deceosed Ever in U.	S. Armed Forces?	116.	SOCIAL	17. INFORMA	auj	de	ADDRESS
116	s, no grunknown) (if yes, gi	ve wor or doles of se	ervicef	SECURITY NO.				ADDRESS
_	18.	1	21	CAUSE OF DEAT	FANNI	e Reed	1306 W.	APPROXIMATE INTERVAL
		NDITION DIRECTLY	Y					BETWEEN ONSET AND DEATH
	(This does not meon	TO DEATH		(A) IMMEDIATE CAU		ATVN	loa ni	1971
	heart failure, asthenia,	elc. If meons the di	seose.	DUE TO, OR AS	A CONSEQUEÑ	CE OF:	tastus	
		ENT CAUSES			-	A A-	0 1.	
	DISEASES OR COND	ITIONS, if ony,	giving	(B) DUE TO, OR AS	A CONSEQUE	NCE OF:	ent des	ere yeur
	rise to the obove	couse (A) sioling	g the	(c) Q	leun	Cem o	The Rushin	人
		11		(0)			many og	100
NOL	OTHER SIGNIFICANT CON TO THE DEATH BUT NOT DISEASE OR CONDITION 19A-DATE OF OPERATIO	IDITIONS CONTRIBU	TING					
ICA.	DISEASE OR CONDITION	GIVEN IN PART 1 (A).	FOR WHICH	H OPERATION	120A AUTO	PSY? (Yes or No)	200 15 450 1400	
RTIF	0	WAS PERFORMED	D	II OTERATION	TOW WO IC	SESTITUES OF MON	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
Ü			218, PLAC	E OF INJURY (e.g., in	or obout 21 C.	WHERE DID	(if In Boltimor	re City, give exact location)
S	DEATH (notify medical ex	ominer)	etc.f		noo sioga iiiso	JAN OCCUR:		
	OF INJURY	(Doy) (Year) (Hour		RY OCCURRED		HOM DID INT	JRY O CCUR?	
	(APPROX.)		While At Work	At Work		/		1
	22. I certify that (1) (t			ceosed fram	8/	2/ 1	920	8/27 1974
- 1	that (1) (we) last saw			8/2-	7 19 7	and tho	t in (my) (our) api	nian death accurred an the date
	and have and from the 23A. SIGNATURE	couses stated obc	ove. (I) (We	) (did) (did not) vi	ew the body	ofter deoth.		
	23A. SIGNATURE	-nl.	nN	Atter	iding [1]	Med.		23B, DATE SIGNED
	23C. PHYSICIAN'S	1116	17-	DEGREE Phys.	3D. ADDRESS	Director L	Staff Phys.	8/28/7-
	NAME (Type)	NHM	AP ILT	MD	O- T	READ	SX 6	3 OF NO 2.
24A	BURIAL CREMATION, 2	,, ,,,	24C. NAME o	DEGREE	MATORY	24D. LO	CATION	neg 1/2 2/207
1	MULLISPECIFY)	9-1-72	Mt	7:00	100 +	2	it m.	ly, town, or county! (Stote)
25A	DATE REC'D BY HEALTH	1 DEF. 258. N.	AME OF REC	STRAT	25C. FUNE	RAL DIRECTOR	- M	ADDRESS!
5	EP 6 1972	Grange	Whor	ing o		18710/	uneral	1/4mv. 1/29N.Can)
e 1	50-REV. 1/1/68	71		-			-1 /1 -/ //	



this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T10x 100 004	BALTIMORE CITY	HEALTH DEPARTMENT		72 08405
7-600 72 0845	CERTIFICA	TE OF DEATH	REG. NO.	MARYLAND DILL
NAME OF DECEASED			D HOUR OF DEATH	
Tune or Print	erry			28 PM M
L PLACE IN BALTIMORE MARYLAND, WHERE PE		4. USUAL RESIDENCE (Whe	re deceased lived, Il i	institution: residence before armission)
ULL NAME OF (IF NOT IN HOSPITAL OR II OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	A. STATE B. COUN		605
ISTITUTION		Baltimare	D. IN:	SIDE CITY UMITS?
Johns Hopkins H	espital	E. STREET AND NUMBER	0 1	
		207 Spring	(QUA)	
F B WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	10-12-09	9. AGE Un years last birthday	II Under 1 16 II Under 24 Hrs. Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of lare	ign country)	12. CITIZEN OF WHAT COUNTRY
Housewide	-	md.		U.S. A.
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
George Green		Laura Tho	omas	
. Was Deceased Ever in U. S. Armed Forces?	1 & SOCIAL	17. INFORMANT		ADDRESS
as, no as unknown) lit yes, give was or dates at ser	2-30-7760	Elizabeta	& Hall-	9137. Duncon
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	SE Cardiac	arrect	0:00
(This does not mean the mode of dying,	PULL TO OR AS	A CONSEQUENCE OF:	-47631	
heart failure, asthenia, etc. It means the dis injury or complication which caused death.)	edse,			
ANTECEDENT CAUSES	M. 219	150 Sametin	an diener	toxicity 72:00
DISEASES OR CONDITIONS, if any,	iving (B) DUE TO, OR AS	A CONSEQUENCE OF:	or digosts	10,714,72,72,00
rise to the above cause (A) staling	.1	desotie counds	remark to al	con con o
UNDERLYING CONDITION lost.	(c) / [ hen 0 s	canelle contain	ovis inta, a	y tall India you
OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTION	TNC			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM (DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			
	FOR WHICH OPERATION	20A-AUTOPSYZ (Yes at No	208. IF YES, WERE	FINDINGS CONSIDERED
19A DATE OF OPERATION 19B CONDITION WAS PERFORMED		NO	IN CERTIFYING CA	AUSES OF DEATH?
21A ACCIDENT WAS UNDERLYIND OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined)	21% PLACE OF INJURY (e.g., home, form, factory, street, of	n or about 21C. WHERE DID lince bidge INJURY OCCUR?	(if In Baltime	ore City, give exact location)
21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At - Not While	• 🗖		
	Work LJ AT WOR			· 2 co 2 do - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
22. I certify that (1) (this hospital) atten-	0. 4	3: PM 8-25-72		128 PM 8-35-19/7
that (1) (we) last saw the deceased alive			at in (my) (aur) op	inion death accurred an the dat
and have and from the causes stated abo	vec (i) (We) (did) (did not) v	lew the bady after death.		
23A. SIGNATURE	11 1		c. # —	23B, DATE SIGNED
Can la A	hu made proces Phy	ending Med. Director	Staff Phys.	8-25-72
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Gail Ahumada		The Johns I	Hopkins Ho	ospital
AA. BURIAL CREMATION, 248. DATE 2	4C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION	City, town, at county) (State)
REMOVAL (Specify) P 21-79	Int Com.	Cem-1	201	sente med
SA. DATE REC'D BY HEALTH DEPT. / 25B, N/	AME OF REGISTRAR	25C, FUNERAL DIRECTOR		ADDRESS
SEP 6 1972	y Harriston	Ellertto	Juneal H	mes 1/29 N. Caulo
/S 150-REV. 1/1/68				





	8 0.11		HEALTH DEPARTMENT	· · · · · · · · · · · · · · · · · · ·	0 00100
	72 0849	CERTIFICA	TE OF DEATH		C 08497
	NAME OF DECEASED  The or Printl	)- (Oc.16	2. DATE	AND HOUR OF DEATH	2 . 0 300
3,	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE IV	Vhere deceased lived, If i	institution: residence before admission
FL	ILL NAME OF (IF NOT IN HOSPITAL OR I	TESSES AND MOTHETZA	A. SIAIE 6. CO	UNIT	(2,
H	ospital or ADDRESS OR LOCATION) STITUTION Baltimore City Ho		Maryland c. city or town	Baltimore	SIDE CITY LIMITS?
	4940 Eastern Ave				YES NO NO
	Baltimore, Md.	21224	E. STREET AND NUMBER		- 000
-	SEX 6. RACE 17. MAGE		1001 J.Street		1222
M	lale Negro wido	WED DIVORCED	8. DATE OF BIRTH 12-10-07	9. AGE (In years lost birthdoy) 64	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
lor	USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	loteign country!	12. CITIZEN OF WHAT COUNTRY
1	se Tired LAborar	34	Canada		U.S.A.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	Monroe		Lizzie		
è	Was Deceased Ever in U. S. Anned Forces? s.po or unknown! (If yes, give war or doles of ser	vice) 16- SOCIAL SECURITY NO.	17. INFORMANT	4940 Easter	n Ave. ADDRESS
	YES. MINT=	212-22-0018	BCH Records:	Baltimore,	Md. 2.224
	18. 200.11	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, grise to the above cause (A) staling UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	(c)	A CONSEQUENCE OF:	come	1 month
CERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPST? (Yes or	No. 208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CEI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218. PLACE OF INJURY (e.g., inhome, form, foctory, street, offeld)	or obout 21C, WHERE DID	(If In Boltimor	re City, give exoct locotion)
MEDI	21 D. TIME (Month) (Doy) (Yearl (Hour) (APPROX.)	215 INJURY OCCURRED  While At Not While At Work	21f. HOW DID I	NJURY OCCUR?	,
	22. I certify that (1) (this haspital) attend	led the deceased from	1 19	1972 to	126 1972
	that (1) (we) lost sow the deceased alive	on 8/26	19 72 and	that In(my) (our) opl	nion death occurred on the date
	and hour and from the couses stated abou	ve. (1) (We) (did) (did not) vi	ew the body after deat	h.	
	23AJSIONATURE	DEGREE Phys.		Stoff Phys.	238, DATE SIGNED 6/72
	23C. PHYSICIAN'S NAME (Type) MIChelo	Coclini	3D. ADDRESS	1 1 1	940 Eastern Ave. altimore, Md.21224
1	3 yrin 9-2-72	Betto. Com	MATORY 24D.	Breto	Islated - Islated
5A	DATE REC'D BY HEALTH DEST. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECT	A A 1	ADDRESS
-	150-REV. 1/1/68	ARWAY O	JE G-CAIN	Forarall	ton 4129H Cardin

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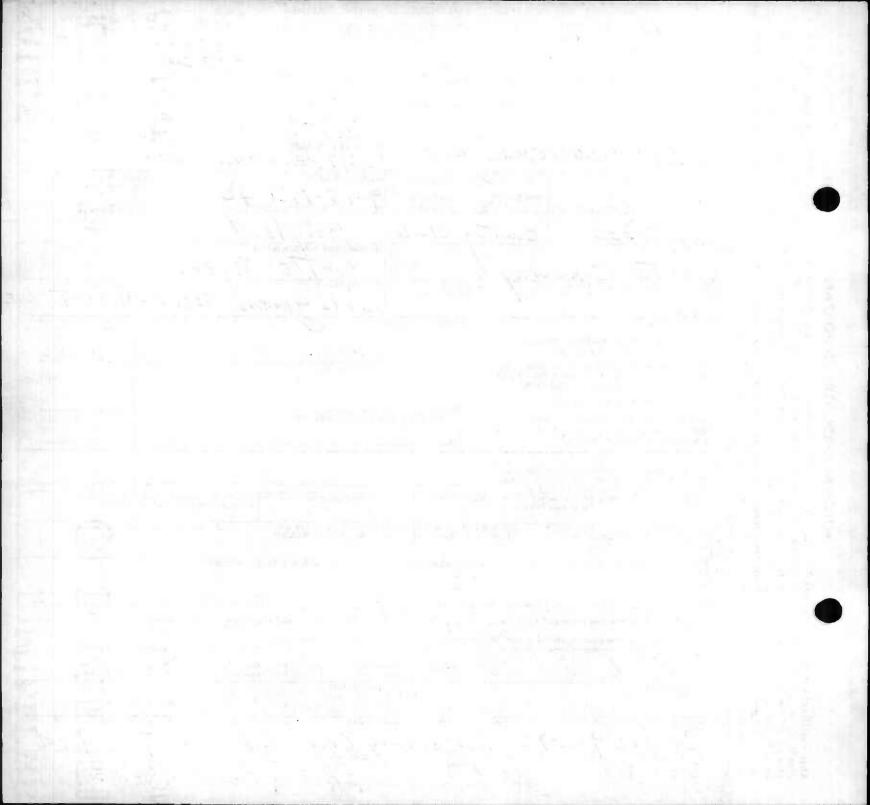
Michaele Codini

50/05/8= 15/

## FUNERAL DIRECTOR: IMPORTANT

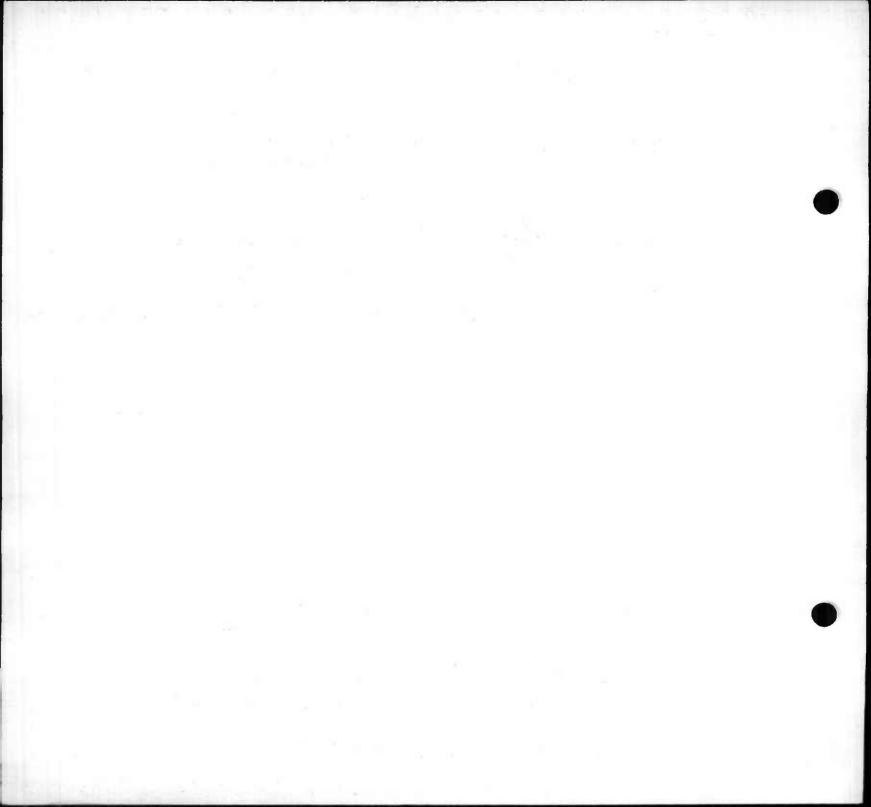
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

1	BALTIMORE CITY	HEALTH DEPARTMENT		20 000
(5-62) BIRTH NO. 72 084	38 CERTIFICA	TE OF DEATH	REG. NO STATE OI	72 08438 F MARYLAND-DHAH
1. NAME OF DECEASED  Type or Printl  MYRTLE	GRIGSBY	2. DATE AN	19-72	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		A. USUAL RESIDENCE (When	e deceased lived, II	institution; residence before admission)
FULL NAME OF (IF NOT IN HOSMTAL OR IN HOSMTAL OR ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITES?
1217 HENNEM	L. AVE.	E. STREET AND NUMBER		YES NO NO
~~~			Chappe AV	
-7 A/	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE IIn years lost hirthdoy)	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work) 108, KINS		11. BIRTHPLACE (State or igree	an country)	12. CITIZEN OF WHAT COUNTRY?
fone during most of working life, even if retired)	intry Club	Mhrylh	110	
3. FATHER'S NAME	1219 01- 18	14 MOTHER'S MAIDEN NA	AE .	
WALTER CONAWA		MYXTIE	BUELS	
5. Wee Deceased Ever in U. S. Armed Forces? Yes, no or unknown) lif yes, give war or dates of sent	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No l	SECURIT NO.	LINGS 91VE	US 534	1 Cuth bET AYE
18. / 9 9 0	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1 days and		16
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CA		inama-	10 WKS
heart failure, astheria, etc. It means the dise injury or complication which caused death.)	ase,	A CONSEQUENCE OF:	state	
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, gir	ving (B) DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION last.	the			
ONOCILE IN CONDITION 1055	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).			V AAD III WAS ALIES	
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  170 AD ATE OF OPERATION 170 CONDITION PWAS PERFORMED	OR WHICH OPERATION	20A-AUTOPSYT (Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. A CCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical exemined	218, PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or about 21C. WHERE DID	(If In Boltim	ore City, give exact location)
O 21D-TIME IMonth) (Day) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
W Cor faithfur				
2 los manks	While At Not Whi			
(APPROX)	Work LJ At Work	2	77	Arrough 70, 17
(APPROX.)  22. I certify that (I) (this hospital) attend	ed the deceased from	June 6	1972 10	August 24, 12
(APPROX.)  22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive	ed the deceased from on Jugust 2	June 6.	19 7Z to at in(my) (our) of	August 2419 12
(APPROX.)  22. I certify that (I) (this hospital) attend	ed the deceased from on Jugust 2	June 6.	1972 to	
(APPROX)  22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive ond hour and from the causes stoted obove	work At Work  ed the deceased from  on August 7  e(ii) (We) (did) (did not)	19 72 and the view the body after death.	Staff	
22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive ond hour and from the causes stoted above 23A. SIGNATURE	werk At Work  ed the deceased from  on August 7  e(ii) (We) (did) (did not)  Cle MD,  DEGREE	19 72 and the view the body after death.		
22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive ond hour and from the causes stoted obove 23A. SIGNATULE  23C. PHYSICIAN R NAME (Typ)	work At Work  ed the deceased from  on Jugust 2  e(i) (We) (did) (did not)  Cle MO.  DEGREE  MO	19 22 and the view the body after death.  ending Med. Director 123D. ADDRESS	Staff Phys.	23R DAYE SIGNED 8/30/7Z
22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive ond hour and from the causes stoted obove 23A. SIGNATURE  23G. PHYSICIAN NAME (Typh)  DR. STEPHEN V.  24A. BURIAL CREMATION, 124B. DATE 124	work At Work  ed the deceased from  on August 2  e(i) (We) (did) (did not)  Cle MO.  DEGREE  MO  NEVILLE DEGREE	19 22 and the view the body after death.  ending Med. Director Dir	Stoff Phys Jop KINS	
22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive ond hour and from the causes stoted obove 23A. SIGNATURE  23C. PHYSICIAN R NAME (Typ)  DR. STEPHEN V.	Werk At Work  ed the deceased from  on Jugust 7  e(ii) (We) (did) (did not)  CLC MD,  DEGREE  MD  NEVILLE DEGREE  C, NAME of CEMETERY OF CR	19 22 and the view the body after deoth.  ending Med. Director Dir	Stoff Phys Jop KINS	23R DATE SIGNED 8/30/7Z HOSPITAL
22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive ond hour and from the causes stoted obove 23A. SIGNATURE  23C. PHYSICIAN NAME (Typh)  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	work At Work  ed the deceased from  on August 2  e(i) (We) (did) (did not)  Cle MO.  DEGREE  MO  NEVILLE DEGREE	19 22 and the view the body after deoth.  ending Med. Director Dir	Stoff Phys Jop KINS	23R DATE SIGNED 8/30/7Z HOSPITAL
22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive ond hour and from the causes stoted obove 23A. SIGNATURE  23C. PHYSICIAN NAME (Typh)  D.C. STEPHEN V.  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  13U PIBL 9-2-72	Werk At Work  ed the deceased from  on Jugust 7  e(ii) (We) (did) (did not)  CLC MD,  DEGREE  MD  NEVILLE DEGREE  C, NAME of CEMETERY OF CR	19 72 and the view the body after deoth.  ending Med. Director Dir	Stoff Phys Jop KINS	23R DATE SIGNED 8/30/7Z HOSPITAL City, fown, or county) (State) HTV, Md,



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	O B O		Pe or Print STO KES BUD	
	- 2 2 C C C C C C C C C C C C C C C C C	-		_/
	hospital use of d (5) Dece fance on death.	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	DNOU
	hos iuse ;; (5) dand	FU	LL NAME OF (IF NOT IN HOSPITAL OR IN	UTITZI
	l in a hospi ng cause o cause; (5) D attendance ior to deat	IN IN	STITUTION ADDRESS OR LOCATION)	
	in a ng cau cause; attend	ll i	1 SINZI HOS	5 F
	ed in ting d cau r att r att e.	1	+20,110, 1,	
	de a de			
		5.	6. RACE 7. MARI	RIED
	ntri rmi egu		WIDON	
	sath occur or contributed and regul in regul deceased	104	USUAL OCCUPATION (Give kind of work 10B, KIN:	D OF
	or or nder in ition		Kotion de Biz	the
	if death ect or c 4) Under was in the dece position	13.	FATHER'S NAME	4
	direct direct d; (4) U th wa on the dispos		Moland Xto &	11 11
5	dired; (4)	1	alfara such	
A	tant o di nd; sath	(Ye	Wae Deceased Ever In U. S. Armed Forces? s,no or unknown) (If yes, give wor or doles of eervi	ice)
7	ssista the y kind I dea			
Ö	s as if any ced ndar		18.	
IMPORTANT	ner or his assist er. Also, if the icture of any kir pronounced de lar attendance ibalmed or fina		DISEASE OR CONDITION DIRECTLY	
≥	Also, re of noun atter		LEADING TO DEATH	
			(This does not meen the mode of dying, heart failure, osthenio, etc. It means the dise	e.g.,
3	Pr Ct La		injury at camplication which caused death.)	430,
9	miner. fractur to pro		ANTECEDENT CAUSES	
U	xamicami A fr who reg		DISEASES OR CONDITIONS, if any, gi	ving
FUNERAL DIRECTOR:	examiner. examiner. (3) A fractuin who pro in regular is are emba		rise to the abave cause (A) stoting UNDERLYING CONDITION last.	Iha
0	lical cal e ns; (3 ician as ir			
3	chief medical y a medical Body burns; ( the physicia ysician was e the remain	z	OTHER SIGNIFICANT CONTRAINS CONTRIBUTE	
4	re re	CERTIFICATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN	IAL
**	by a m 2) Body re the p physicia fore the	S	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION F	OR WI
Z	chie Bod the ysic	TE	WAS PERFORMED	
9	the classification (2) B ere the physecone	CER	21A. ACCIDENT WAS UNDERLYING	21B, P
	the case of phe efor		OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home,
	by the pital bure; (2) where d befor	S	TANK THE PERSON NAMED IN T	
	hospita nature; ept whe d (6) No ained be	MEDICAL	OF INJURY	21E I
	proved by the classification in the hospital by my nature; (2) B except where the and (6) No phy had and before	-	(APPROX.)	Work
	proved by the chief medical examiner. the hospital by a medical examiner. ny nature; (2) Body burns; (3) A fractusxcept where the physician who proand (6) No physician was in regular and (6) No physician was in regular abtained before the remains are emba		22. I certify that (this hospital) attended	ed the
			that (II (we) lost saw the deceased olive	
	d to d to t of t tal t be		and hour and from the causes stated above	
	assed transfer of dent of ospital death must b		23A. SIGNATURE	- Gri
			Mysoul	0
	a h		23C. PHYSICIAN'S	
	y was re y was re 1) An acc ).A. at a d prior t		NAME (Type) ANTONOP	00
	Was An An Price			
	E 200 5	24A	REMOVAL (Specify) 24B, DATE 240	C. NAN
	D.O.	1	Surial 9/2/12	a
	This certification of the body shows: (1) was D.O. weitten a written a	25A	DATE REC'D BY HEALTH DEPT.   25B. NAM	AE OF
	This the show was deco		CEDE 4000 - 1	173
			SEPO 1916 A December	19811

BALTIMORE CITY HEALTH DE	PARTMENT 72 08499
SIRTH NO. 72 US499 CERTIFICATE OF	DEATH REG. NO.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
370 KUS, DUOL. /,	8/27/1872 4:30 pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL R. STATE	ESIDENCE (Where deceosed lived. If institution: residence before odmission B. COUNTY)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY ORYT	OWN A D. INSIDE CITY LIMITS?
	Allemarl YES NO
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF I WIDOWED DIVORCED 12/2	8/0/ last birthdoy) Monthe Doye Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLA	CE (State oy loreign country) 12. CITIZEN OF WHAT COUNT
done during most of working life, even if refired) Bethlehem Stelle M	erth Carolina
13. FATHER'S NAME	S MAIDEN NAME
allfard States 13e	el Bash
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	ADDRESS ADDRESS
213-07-655917 I	ela States 2905 Garrier &
18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	16446 6-111
(This does not meen the mode of dying, e.g., heart failure, osthenio, etc. it means the disease, injury ar camplication which caused death.)	AEMIC COMP I day
ANTECEDENT CAUSES Changes &	Penal Scilina
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUE	NCE OF:
rise to the abave cause (A) stoling that UNDERLYING CONDITION last. (C)	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIDISEASE OR CONDITION GIVEN IN PART 1 (A).	CHF, CVA 1377
	DPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CI CALLER OF	WHERE DID (II In Boltimore City, give exect location)
DEATH (notify medical examiner)	or occur
II an IOF INJULI	HOW DID INJURY OCCUR?
Work Al Work	
22. I certify that (this hospital) attended the deceosed from \$/26/	7
	and that in (an) (our) opinion death accurred on the do
ond hour and from the couses stated above. (D. (We) (did) (did not) view the bady 23A. SIGNATURE	
Altending 17	Med. Director Phys. 23B, DATE SIGNED  \$\text{Staff} \text{Staff} \text{Staff} \text{Signed}
23C. PHYSICIAN'S NAME (Type)  ANTONO DE CILOT  23D. ADDRESS	Med. Sheff Stoff S
KO SAL	iai Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial 9/2/72 (Carner) Maryland 1/a	ting Saurel my
OSA DAYE BEOLD BY MICHELLIA	RAL DIRECTOR ADDRESS
SEP 6 1972 Tradical Bharton 1 Gills	notice At hellow 1727N. Mon.



This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V\$ 150-REV. 1/1/68

		12 00000
11-	MKIII 110.	ATE OF DEATH STATE OF WARTLAND DEMAN
	NAME OF DECEASED Type or Print	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where dockosed lived, Il institution: residence beloro admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	MARY/AND 1602
	HOSPITAL OR ADDRESS OR LOCATIONI	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Baltimore, Md.	E. STREET AND NUMBER
		1417 WiMoshER St.
5	6. RACE 7- MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., II Under 24 Hrs. Months; Doys Houts; Min.
-	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	9/6/19 52
٥	one during most of working life, even if retired)	11. BIRTHPEACE (Stote or loreign country)
Ī	3. FATHER'S NAME?	14. MOTHER'S MAIDEN NAME
1	Charles Davis	Mennie Wassitt
100	os, no or unknown) III yes, give wor or dotes of service!   16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS (DAugh.)
	220.05-1166	JOYCE VYATT 503 N. CALLOWN ST
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE	
	heoti failure, osthenia, etc. Il means the diseose, injury or complication which caused death.)  DUE TO, OR AS A CONSEQUENCE OF:	
	ANTECEDENT CAUSES PERminal Jung Ca	
	DISEASES OR CONDITIONS, II ony, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:	
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
:	OTHER SIGNIFICANT CONTRIBUTION	
	5 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
nate lo	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
14.0	On COMPRISION OF THE PARTY OF T	n or obout 21 C. WHERE DID (ii in Boltimore City, give exect location)
10000	21D.TIME (Month) (Doyl (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
113	(APPROX.) White At Work Not Whit	° 🗆
1	22. I certify that (1) (this hospital) attended the deceased from 8-31 19 72 to 19	
	that (1) (we) last saw the deceased alive an	
	and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE    23B. DATE SIGNED	
	Many a peges Phy	nding Med. Staff 1
	RUBEN MANRIOUEN CUTHERAN HOSPITAL	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION		1101111111
	Duriel 9/4/12 Chutus Th	Rene Sh Bacternas ml.
SEP 6 1972 258, NAME OF REGISTRAR 255, FUNERAL DIRECTOR		

